EDITORIAL

Persistence of urinary symptoms after cessation of ketamine abuse

Since the discovery of the association of ketamine abuse and urinary damage by authors from Canada and Hong Kong in 2007,[1,2] there have been increasing reports of small series from other countries, including: United Kingdom,[3] Belgium,[3] Taiwan,[3] Malaysia,[3] China,[4] Japan, Holland and the United States (written communication). Hitherto, all the relevant publications are either retrospective analysis or case reports. Most of the published papers postulated that (1) the severity of urinary tract damage was associated with the duration, frequency, and dosage of ketamine abuse, and (2) that cessation of ketamine abuse would bring about improvement or complete reversal of established urinary tract damage.[3,5] However, so far there are no quantitative data to support these postulations.

The paper by Cheung et al[6] is the first to report a prospective longitudinal study on the relationship of urinary symptoms and quality of life after cessation of ketamine in female abusers. Whether this will apply to males will require another study. In treating ketamine abusers in the New Territories West area, the majority of patients had the false impression that all the lower urinary tract symptoms or upper urinary tract damage would definitely disappear once they stop abusing ketamine, no matter how long they had taken it (personal experience). It is also one of the reasons why these young patients refuse to quit ketamine. Thus, that in some patients urinary symptoms persist despite cessation of ketamine abuse, is an important piece of information for medical and paramedical staff handling young ketamine abusers.

The relationship of daily ketamine dosage and duration of abuse to the degree of irreversibility of symptoms was not addressed in this report. Moreover, all the patients involved in this prospective study had lower urinary tract symptoms only. Further prospective studies on the more severely afflicted patients with upper urinary tract damage are necessary to demonstrate possible irreversibility, including the risk of end-stage renal failure that may need renal dialysis.

I sincerely hope that the important information drawn from this study will be widely disseminated not only to medical professionals, but also to relevant government departments and to the general public. This might encourage appropriate public awareness and a concerted campaign against ketamine abuse.

Peggy SK Chu, FRCS (Edin), FHKAM (Surgery)
Email: peggychului@gmail.com
Department of Surgery
Tuen Mun Hospital
Tuen Mun
Hong Kong

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