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Title (type in CAPITAL LETTERS)	CLINICAL EXPERIENCE OF HUDROCHLORIDE OXYBYTININ APPLICATION IN PATIENTS WITH CHRONIC PROSTATITIS AT THE BACKGROUND OF PROSTATODYNIA

Materials and methods: A group of 30 men was investigated, at the age from 18 up to 35 years old, with expressed irritative symptoms, negative culture of urine inoculation and prostate secretion, moderate inflammational changes in prostate secretion, and also characteristic US image of chronic prostatitis. In the history almost all the patients were medicated with a traditional cause for chronic prostatitis, which had no effect. All 30 patients had urgency, and 7(23,4%) from them - urge incontinence. During urodynamic tests fulfilled with urodynamic system "Ellips-4", made by "Andromeda", the symptoms of in stable detrusor associated with hyperreflexia were found in all the patients. Most patients 24(80%) showed symptoms of sphincter detrusor dissenergy and 6(20%) - symptoms of pelvic floor hypertonus. Bladder outlet obstruction (BOO) was not found in the patients. The patients were divided into 2 groups: in the 1st one (experimental) 14 men were included, in which treatment together with generally accepted drugs we were using "Driptan" (oxibutynin hydrochloride) for one month and the 2nd group had 16 men for whom we used standard course of treatment for chronic prostatitis.

Results: In all 14 patients from the experimental group considerable clinical improvement was found 7 days after the beginning of the treatment course with "Driptan", irritative symptoms disappeared, urge incontinence was cupped off and during monitoring urodynamic test symptoms of detrusor instability were not found, acute urine retention was not detected, side effects: expressed xerostomia. Among 16 men from the 2nd group, who were not given "Driptan", the treatment effect was minimum associated with the conservative therapy for chronic prostatitis which was carried out.

Conclusion: Oxibutynin hydrochloride reliably decreases and levels detrusor instability and can be used in men with imperative tenesmus with chronic prostatitis at the background of prostatodynia, under condition that there are no bladder outlet obstruction.