

Category No.

9

Video
Demonstration

Ref. No.

427

Abstract Reproduction Form B-1

Author(s):

Hann-Chorng KuoInstitution
City
Country**Department of Urology****Buddhist Tzu Chi General Hospital**Title (type in
CAPITAL
LETTERS)**A Clinical Prostatic Score for Diagnosis of Bladder Outlet Obstruction by Prostatic Measurements and Uroflowmetry****ABSTRACT**

Objective. To establish a clinical prostatic score based on the parameters of uroflowmetry and prostatic measurements to provide a better prediction of benign prostatic obstruction (BPO) in men with lower urinary tract symptoms (LUTS) and small prostatic volume.

Methods. From October 1997 to September 1998 a prospective study of 324 consecutive men with LUTS was conducted in a community hospital in Taiwan. All patients were first evaluated by uroflowmetry and transrectal sonography of the prostate, then videourodynamic study was performed. Parameters from uroflowmetry and prostatic measurements were evaluated for their sensitivity in predicting BPO. A clinical prostatic score was established by summing scores on 7 prostatic and uroflowmetric items: maximal flow rate (Q_{max}), flow pattern, voided volume, residual urine amount, total prostatic volume (TPV), transition zone index (TZI), and prostatic configuration. Each of these items had a score representing the grade of the sensitivity of BPO.

Results. Among the 324 men examined only 65.4% were found to have obstruction by videourodynamics. A value of $Q_{max} \leq 10$ ml/s had a sensitivity of only 75.4% for BPO. A constrictive flow pattern had 87.2% sensitivity, residual urine ≥ 100 ml had 86.1%, $TPV \geq 40$ ml had 94.6%, $TZI \geq 0.5$ had 87.8%, presence of a median lobe had 87.1%, the presence of any of these factors added 2 points to the score. The other parameters were scored as 1, 0 and -1, representing their sensitivity as slightly superior or inferior to that of LUTS. A prostatic score of ≥ 3 had a sensitivity of 87.2% and a specificity of 60.8% for BPO

Conclusions. Using the parameters in the uroflowmetry and prostatic measurements, a prostatic score could be established and used as an indicator of BPO for selecting patients with LUTS who require further treatment or videourodynamic study.