OPERATIVE IMPACTS ON LUTS OF PATIENTS WITH BPH AND PROSTATITIS; COMPARISON OF POST TRANSURETHRAL RESECTION STATE

Hypothesis / aims of study
Combination of benign prostatic hyperplasia (BPH) with prostatitis aggravates clinical symptoms of BPH and complicates its treatment. Persistent lower urinary tract symptoms (LUTS) are highly resistant to conventional medical management. Recent studies have shown that BPH with prostatitis was attributed to poor improvement of LUTS after transurethral resection of prostate (TUR-P).

Study design, materials and methods
Between 2005 and 2010, 116 patients who had treated by TUR-P were investigated. International prostate symptom score (IPSS) was checked before and after TUR-P within 1yr. Patients with prostate cancer were excluded. Group A was defined patients with BPH without prostatitis, and group B was patients with prostatitis. The presence of prostatitis was determined by pathologic confirmation.

Results
Pathologically Group A had 58 patients, and group B had 58 patients. Preoperative IPSS was higher in group B (group A: 20.14±5.61 vs group B: 22.95±5.65, P=0.001), Especially preoperative irritative symptom score was notably high. (group A: 6.63±3.57 vs group B: 9.29±4.06, P=0.015) There were no statistical differences in average postoperative IPSS. (group A vs group B: 14.63±6.57 vs 14.12±4.91, P=0.634) However, the differences of preoperative and postoperative IPSS were 5.51 in group A, 8.83 in group B. (P<0.001).

Interpretation of results
When the prostate hyperplasia was combined to inflammation, LUTS was more aggravated than the patient with BPH without prostatitis.

Concluding message
The efficacy of TUR-P in patients with prostatitis was better than patients without prostatitis.

References