

PERSISTENT LOWER URINARY TRACT SYMPTOMS IN YOUNG MALES: DO NOT DELAY

Flexible cystoscopy plays an important clinical role in the evaluation of young males with persistent LUTS, particularly in the presence of microscopic hematuria. Delaying assessment may lead to missed diagnoses and suboptimal management; therefore, timely cystoscopic evaluation should be strongly considered in patients with persistent or unexplained symptoms.

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Persistent lower urinary tract symptoms (LUTS) in young males that do not respond to conservative management represent a common yet challenging clinical scenario. Although many cases are initially considered functional or benign, persistent symptoms may be associated with a range of underlying pathologies involving the bladder, bladder outlet, urethra, or pelvic floor. In addition, the complex interaction between central and peripheral nervous system control of micturition further contributes to the variability in presentation and diagnostic difficulty.

Aim: To evaluate the role of flexible cystoscopy in the assessment of young males with persistent LUTS.

This retrospective study included male patients aged 18–50 years who underwent flexible cystoscopy for persistent LUTS between May 2024 and November 2025. Data collected included patient demographics, presenting symptoms, presence of microscopic hematuria, initial diagnosis, cystoscopic findings, impact on management, and concordance between initial and final diagnoses. Statistical analysis was performed using SPSS version 21.

Results

A total of 155 patients were included, with a mean age of 36.9 ± 10 years. Before cystoscopy, 73.5% were managed conservatively, while 26.5% received medical treatment based on the initial diagnosis. Microscopic hematuria was present in 82 patients, while 73 patients did not have microscopic hematuria.

Interpretation of results

Flexible cystoscopy altered management in 53.5% of cases and provided a new diagnosis in 48.4%. Although overall statistical significance was limited, the clinical impact was considerable, including the detection of bladder cancer in 5 patients. Subgroup analysis demonstrated a statistically significant difference between patients with persistent LUTS accompanied by microscopic hematuria and those without hematuria, in terms of both changes in clinical management and the identification of new diagnoses ($p = 0.0001$ and $p = 0.002$, respectively).