

Three-Treatment Comparison for Primary Bladder Neck Obstruction: Objective Metrics and Patient Reported Outcome

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Introduction: Primary bladder neck obstruction (PBNO) is a functional bladder outlet obstruction. Diagnosis relies on videourodynamic study. This study evaluated treatment outcomes of α -blockers, Botulinum Neurotoxin A (BoNT-A), and transurethral incision of bladder neck (TUI-BN).

Methods: This retrospective study included patients aged ≥ 18 years who were diagnosed with PBNO via VUDS between January 1, 2015, and January 1, 2024. Outcome measures included changes in uroflowmetry parameters, post-void residual (PVR) volume, and global response assessment (GRA). PVR was graded on a six-point scale: Grade 0 (≤ 50 mL), 1 (51–100 mL), 2 (101–200 mL), 3 (201–300 mL), 4 (301–400 mL), and 5 (> 400 mL, urinary retention).

Results:

Table 1. Demographic characteristics

Characteristic	N=66(100%)
Mean followed-up time	12.7 mons
Gender	66(100)
Male	32(48)
Female	34(52)
Treatment group	66 (100)
α -blockers	44(67)
BoNT-A	5(8)
TUI-BN	17(25)
Any followed-up tool	66(100)
PVR (including those with both)	45(68)
UFR (including those with both)	43(65)
Both	22(33)

Among the 44 patients treated with α -blockers, the distribution included Tamsulosin (n = 21), Alfuzosin (n = 2), Doxazosin (n = 7), Silodosin (n = 10), and Terazosin (n = 4). Among the 5 patients treated with BoNT-A, four received 100 units and one received 50 units.

Table 2. Changes in UFR parameters

	number	Mean ΔQ_{max}	P value	Mean ΔQ_{mean}	P value
All	43	89.67%		81.99%	
a-blocker	27	42.21%		30.25%	
BoNT-A	2	-11.27%	0.083	-9.38%	0.064
TUI-BN	14	195.62%		194.81%	

TUI-BN showed the most improvement in ΔQ_{max} and ΔQ_{mean} .

Table 3. Changes in PVR grades following treatment

	number	Mean ΔPVR	P value
All	45	-0.36	
a-blocker	27	-0.44	
BoNT-A	5	1	0.141
TUI-BN	13	-0.69	

Table 4. Changes in GRA following treatment

	number	Mean GRA	P value
All	66	0.8	
a-blocker	44	0.59	
BoNT-A	5	1	0.04
TUI-BN	17	1.29	

Conclusion: This study reports real-world PBNO treatment outcomes. Although not statistically significant, TUI-BN showed a favorable trend in objective voiding function parameters. Furthermore, TUI-BN showed significantly higher GRA scores than those of other treatments. These results may help patients in making treatment decisions. Larger prospective studies are warranted to validate these results.