

EVALUATION OF CLINICAL BENIGN PROSTATIC HYPERPLASIA FREQUENCY. ABOUT 783 CASES IN THE WESTERN ALGERIAN HOSPITAL.

Hypothesis / aims of study

Benign prostatic hyperplasia (BPH) is the first urological disease in Western countries with incidence of 50 %. In Algeria, the epidemiology of BPH is unclear. This study aims to describe clinical, biological and pathological aspects of BPH patients in one of hospitals, located in the west of Algeria.

Study design, materials and methods

Among a total of 2197 patients, consulting for urologic troubles, in the urology department of Saida hospital during 2003-2013, a retrospective study was carried out on group of 783 patients with BPH and urinary incontinence. These patients were aged over 50 years with confirmed histologically BPH. Several methods were followed to screening BPH such as digital rectal examination (DRE), abdomino-pelvic ultrasound, serum prostatic-specific antigen (PSA) assay, macroscopic and microscopic examinations of prostatectomy surgical specimens. A questionnaire was used and made available to patients for collecting all data on clinical and para clinical parameters.

Results

Frequency of BPH was 35,6 %. The specific-age range of 70-79 years was predominant with 42 % of BPH patients. The clinical diagnosis revealed 83 % of BPH with nocturia, 75 % with positive DRE, 31 % had prostatic weight between 81-100 gr by ultrasound. Biological analysis showed 63 % of BPH with total PSA lower than normal threshold value of 4 ng/ml, 27 % with TPSA between 4,1-10 ng/ml and 10 % with TPSA upper than 10 ng/ml. Pathological examination reported 58 % of adenomyoma.

Interpretation of results

BPH is identifiable in 50% of the men at 60 years and in 90% of them by 85 year [1]. TPSA levels, in our series, were similar to those of Hungarian study which showed 49 % of BPH patients with TPSA lower than 4 ng/ml, 34 % with TPSA between 4,1-10 ng/ml and 17 % with TPSA beyond 10 ng /mg [2]. Whereas, these levels were contradictory to those found in a Kenyan study which revealed 36 % with TPSA \leq 4 ng/ml, 29 % with TPSA between 4,1-10 ng/ml and 35 % with TPSA > 10 ng/ml [3]. Adenomyoma is the majority histological type of BPH reported in the urological literature.

Concluding message

The combination of different diagnostic tests (DRE, ultrasound, PSA and pathological examination) is, at present, the best strategy to impede the progress of BPH that is natural annoying pathology.

Key words: Benign prostatic hyperplasia (BPH), retrospective study, questionnaire

References

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Disclosures

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