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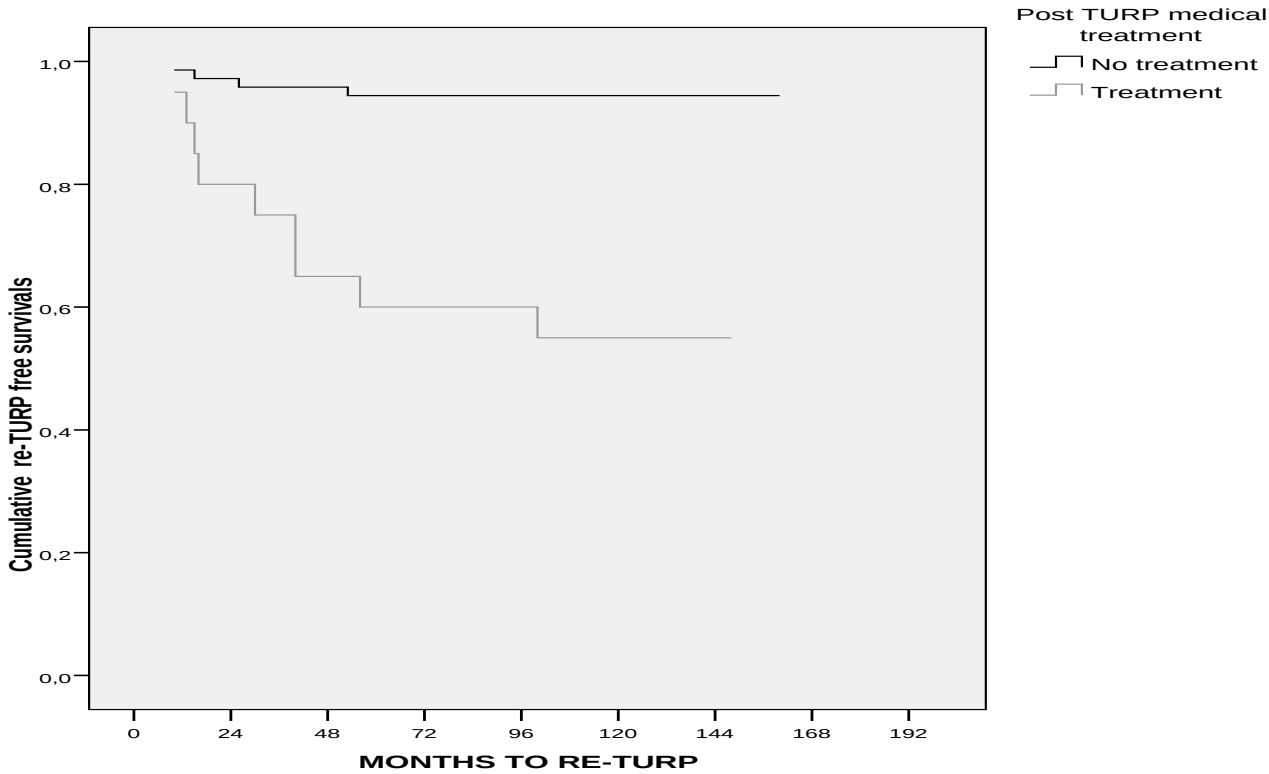
PHARMACOLOGICAL TREATMENT OF LOWER URINARY TRACT SYMPTOMS (LUTS) AFTER A TRANSURETHRAL RESECTION OF THE PROSTATE (TURP) IS PREDICTIVE OF A NEW SURGICAL TREATMENT: 10 YEARS FOLLOW-UP

Hypothesis / aims of study
To evaluate the long-term (at least 10 years) clinical characteristics of patients who have persistent LUTS after a TURP and continue their medical therapy post-operatively.

Study design, materials and methods
A consecutive series of patients with LUTS and Benign prostatic enlargement (BPE) underwent TURP in our center in 2004 and 2005 and they were then followed up to September 2016. Patients were assessed at baseline, 3-, 6- months post-operatively and yearly thereafter with medical history (concomitant medication, reintervention), IPSS, PSA, prostate volume, maximal urinary flow rate (Qmax), post void residual urine (PVR). Reoperation was defined as the requirement of a new TURP to relieve bothersome LUTS. Multivariate logistic regression was used to determine covariates associated with reoperation rate and the Kaplan-Meier curve assessed the time to reoperation.

Results
Overall 92 patients were enrolled. Mean age was 79 ± 7 years; mean PSA was 3.2 ± 2.5 ng/ml; mean TRUS volume was 57.5 ± 18.6 ml; mean Qmax was 8.7 ± 4 ml/s; mean IPPS was 23 ± 6 respectively at baseline. Mean follow-up was 140 ± 8 months (median 142 months). Overall 20/92 (21.7%) patients received medical treatment (alpha-blockers and/or 5 alpha-reductase inhibitors) after TURP. 13 patients underwent a second TURP during the follow-up period (reoperation rate was 14%); out of them 9/13 (69%) received medical treatment for persistent LUTS, while the remaining 4 patients received no additional pharmacological treatment (p = 0.001). Out of the 13 patients treated with a second TURP, 12 (92%) underwent surgery within 5 years of follow-up. Median time to reintervention was 26 months, interquartile range 14/46. The need of LUTS/BPE pharmacological treatment after TURP is an independent risk factor for a second surgical procedure (Odds Ratio 13.93; 95% Confidence Interval 3.63-53.48, p= 0.000.

Interpretation of results
Cumulative re-TURP free probability, according to post-operative continuing medical treatment, is showed in Figure 1.



Concluding message
In our single center study, TURP has 86% reoperation-free probability at 10 years of follow-up. A small number of patients (21.7%) still required pharmacological treatment for persistent LUTS. The need of LUTS/BPE pharmacological treatment was a predictive factor of a re-TURP. Considering that more that 90% of re-TURP were performed during the first 5 years of follow-up, it is assumable that a follow-up longer than 5 years is not needed in such group of patients.

References
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