THE MANAGEMENT OF MEN WITH HIGH PRESSURE VOIDING [PDET>100 CM’S H2O] BEFORE/AFTER DOUBLE THERAPY

Hypothesis / aims of study
Management of BPH without non-obstructive urinary retention has for over 20 years been successfully managed with alpha and/or 5 alpha-reductase blockers. What is the success of double therapy with patients with a Maximum detrusor pressure exceeding 100 cm H2O?

Study design, materials and methods
Observational, retrospective single cohort study. Between September 2001 and February 2016, 102/138 were evaluated with both multichannel urodynamics and transrectal ultrasound for prostate volume. All patients had Maximum Pdet over 100 cm H2O, maximum Flow rates <15mls/sec and PVR’s <100 mls. All were started on Tamsulosin 0.4 mg and Finasteride 5 mg both daily and at one-year they underwent repeat multichannel urodynamics and transrectal ultrasound.

Results
Mean Pre-and-Post-Treatment Pdet were 146.3±48.2 cm H2O [range 102.3-268.9] and 124.8±37.6 cm H2O [range 82.1-238.6 cm H2O] [p<0.09]. Mean Pre-and-Post-Treatment Maximum Flow rate [mls/sec] 14.2±7.3 and 15.8±5.3 [p<0.11]. Mean Pre-and-Post-Treatment PVR was 79.2±35.4 mls and 61.8±28.9 mls [p<0.18]. Mean pre/post treatment IPSS Q8 was improved from 25.7±9.3 to 17.8±7.3 [p<0.01]. Mean pre/post treatment prostate size was 63.9±23.7 cc and 48.3±16.4 cc [p<0.03] Mean percent of pre-and post-treatment detrusor overactivity was 45.7 percent versus 39.8 percent [p<0.11]. Eighty-three percent of patients demonstrated a Pdet >100 cm H2O at one-year double therapy anniversary underwent laser TURP requiring neuromodulation while 10/18 [55%] who declined, went into retention during follow-up and required TURP/neuromodulation [p<0.001].

Interpretation of results
With normal Pdet between 40-60 cm H2O in males, high pressure voiders present a selective group were most after double therapy still void above 100 cm H2O or more than twice normal Pdet [1,2]. This can significantly contribute to urinary retention.

Concluding message
We recommend all patients with a Pdet >100 be recommended to undergo TURP in lieu of the insignificant drop in mean Pdet [↓20-25 cm H2O] with double therapy.

References

Disclosures
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