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SELECTION CRITERIA OF MPQ INJECTION IN PATIENTS WITH POST-PROSTATECTOMY INCONTINENCE

Hypothesis / aims of study

Transurethral MPQ injection treatment for post-prostatectomy incontinence (PPI) is a relatively non-invasive and feasible treatment method. However, MPQ injection has shown relatively low success rate for PPI in previous studies. Therefore, we retrospectively evaluated predictive factors for improved incontinence after MPQ injection for PPI.

Study design, materials and methods

From January 2010 to May 2016, 19 patients with PPI underwent MPQ injection. The patients were evaluated at 3 months after injection and classified into 2 groups according to a treatment success. Treatment success was defined as use of 1 pad or fewer per day combined with subjective symptom improvement.

Results

The study comprised 19 men with mean age of 70.42 ± 5.72 years. Mean pre-injection pad number was 1.97 ± 0.70 pads per day. Of 19 patients, the treatment success was observed in 8 patients (42.1 %). The Valsalva leak point pressure (VLPP) showed statistically significant difference between two groups (treatment success group: 53.9 ± 16.2 cmH₂O and treatment failure group: 27.2 ± 18.6 cmH₂O, $p = 0.005$). Cut-off value of VLPP was 40 cmH₂O (sensitivity: 87.5 % and specificity: 81.8 %). The patients' age, BMI, underlying disease, adjuvant treatment history, pathological tumor characteristics, prostatectomy operation method, stricture history and PDE5 inhibitor usage were not statistically significant.

Interpretation of results

Although MPQ injection has low success rate, it is relatively safety and feasible surgical option for PPI patients with high VLPP (>40 cmH₂O).

Concluding message

MPQ injection is recommended in PPI patients with high VLPP (>40 cmH₂O) as minimally invasive procedure.

Disclosures

Funding: none **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Ethics Committee of Kyungpook National University School of Medicine **Helsinki:** Yes **Informed Consent:** Yes