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TERAZOCIN TREATMENT OF PATIENTS WITH LUTS/BPH DOES IT WORKS BY IMPROVING THE FLOW?

Aim of Study:

Based upon the assumption that clinical BPH is due in part to prostate smooth muscle mediated bladder outlet obstruction (Dynamic Component). Terazocin had been given to relief this obstruction by relaxing smooth muscles and improving the flow. This study was taken to correlate the flowmetry changes and symptomatic outcomes

Methods:

Our experience with 588 patients treated with Terazocin 5mg HS and followed for at least 12 months was presented. All eligible patients completed IPSS symptomatic score, undergone DRE & PSA was measured and CA prostate was excluded. Flowmetry and post voiding residual were measured; other investigations were done as indicated.

Results:

Pre treatment assessment showed IPSS average score of 15.7 (range 9-26), QoL average score of 4.3 (range 3-6), prostate average volume of 39 ± 26.7 gm, PSA average 1.9 n/ml and all patients had normal serum creatinine. Pre treatment mean Q max was 9.7 ml/s, Q ave was 5.1 ml/s, and PVR was 74.9 ml. At 3 months follow up, 499 patients reported satisfaction and continued the treatment. At one year, 85% showed more than 30% improvement in IPSS & QoL. They showed mean Q max 12.0 ml/s (+2.3 ml/s), mean Q ave 6.1 ml/s (+1.0 ml/s), and mean PVR 46.7 ml (-28.2 ml). However, the change in Q max was from -32.5% to +100% with positive change in 76% and negative change in 24%. Of symptomatically improved patients only 40% showed > 30% increase in Q max while 5% showed decrease in Q max < 30%.

Conclusion:

Inspite of symptom improvement in 85%, only 40% showed improvement of Q max > 30%. Actual deterioration > 30% in Q max was seen in 5% of symptomatically improved patients which raise the possibility of multiple site and effect of Terazocin.