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Title (type in CAPITAL LETTERS, leave one blank line before the text)	ENDOSCOPIC INCISION OF BLADDER NECK FOR THE TREATMENT OF PRIMARY BLADDER NECK OBSTRUCTION REFRACTORY TO α -BLOCKERS
<p>Aims of Study: Functional and/or mechanical obstruction of the bladder neck in young men cause the lower urinary tract symptoms. Although α-blockers were the first choice of treatment, hey often failed to alleviate the symptoms. The treatment outcomes of the endoscopic incision of the bladder neck refractory to α-blockers were evaluated.</p> <p>Methods: 28 males with an age range from 19 to 49(mean 34) were diagnosed to primary bladder neck obstruction refractotry to α-blockers after evaluation of urine/EPS culture, symptom core(IPSS), urodynamics, cystoscopy and voiding cystourethrography. Dose and duration of α-blockers were 2~8mg and 4~8 weeks. Patients with having possibility of impaired detrusor contractility(residual urine >50 ml, Pdet<30 cmH2O) was excluded. Endoscopic one incision of bladder neck was performed at 5 O'clock portion in all patients and urehtral catheter was removed on next day. The effectiveness of treatment were evaluated by changes of symptom score and maximum flow rate after microscopic urine exam. revealed normal(paired t-test).</p> <p>Results:18 of 28 patients(64%) were misdiagnosed to refractory prostatitis. All 28 patients have been exhausted by severe obstructive symptoms(especially hesitancy). 19 of all were considered to have mechanical obstruction [low maximum flow rate(below 15ml/s.), well preserved dtrusor contraction Pdet>30cmH2O], no residual urine, narrowed bladder neck. The other9 were regarded to combine with/without functional obstruction of bladder neck(6 patinets with low flow rate could not initiate the micturition on urodynamics and VCUG, 3 showed severe prolongedated initiation of micturition with normal maximum flow rate).</p> <p>Bladder trabeculation as not prominent(27 of 28 showed normal to mild trabeculation) on cystoscpoy. After incision(3 weeks in average), all were freed from their symptoms with change of symptom score from 22.7 to 4.8(p<0.001). Maximum flow rate also markedly improved from 11.5 to 22.6 ml/s.(p<0.001). Retrograded ejaculation developed in only 4 patients(14%). Troublsome bleeding occurred in only one.</p> <p>Conclusions: Endoscopic incision of bladder neck is an effective and safe treatment modality for patients with primary bladder neck obstruction refractory to α-blockers.</p>	