

DETRUSOR WALL THICKNESS DOES NOT PREDICT A SUCCESSFUL TRIAL WITHOUT CATHETER AFTER ACUTE URINARY RETENTION IN PATIENTS ON MEDICAL TREATMENT FOR BENIGN PROSTATIC HYPERPLASIA

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Aim

Alpha-blockers are considered the standard treatment for the management of Acute Urinary Retention in patients with BPH.

No data are available on the predictors of a successful Trial Without Catheter (TWOC) in patients on treatment with alpha blocker +/- 5 alpha reductase inhibitors (5ARI).

Aim of our study to investigate predictors of a successful trial without catheter in these patients.

Materials & Methods

- Study time: 2017 – 2018
- 126 patients on treatment with alpha blockers (AB) ± 5alpha reductase inhibitors (5ARI) with AUR.
- Medical history, Uroflowmetry and IPSS (up to 6 months from AUR) were collected.
- Urinary Tract Ultrasound was performed at the AUR time to evaluate.
 - Hydronephrosis
 - Prostate Volume (TRUS)
 - Detrusor Wall Thickness (DWT)
 - Intravesical Prostatic Protrusion (IPP)
- TWOC was performed seven days after AUR

	SUCCESS 54%	FAILURE 46%	p
AGE (years)	72 (65/78)	70 (60.5/77.5)	0.545
BMI (Kg/m ²)	25 (23/27)	25 (24/26)	0.845
WAIST	88 (80/92)	90 (85/90)	0.866
IPSS	16 (10/18)	18 (12/26)	0.008
TRUS (ml)	59 (52/74)	99 (74/125)	0.001
DWT (mm)	5 (4.8/5.2)	5.2 (4.7/5.5)	0,545
IPP < 10mm	85%	47%	0.01
Hydronephrosis	17%	12,5%	0,617
Monotherapy (AB)	73%	77%	0,682
Combination Therapy (AB+ 5ARI)	27%	23%	0,682

Results

Multivariate Analysis

	Odds Ratio	p
Age	1,03 (0,98 – 1,07)	0,244
IPSS	0,93 (0,88 – 1,00)	0.050
IPP <10 mm	0.17 (0,07 – 0,42)	0.001
DWT	1,13 (0,51 – 2,52)	0.755

Conclusion

- Patients with acute urinary retention on treatment with alpha blockers ± ARI still present a 54% probability of a successful trial without catheter.
- **Lower IPSS scores and an IPP <10 mm are predictors of success** while DWT couldn't reach the level of an independent predictor.
- Larger follow up should confirm our results and particularly the role of DWT on LUTS evaluation.