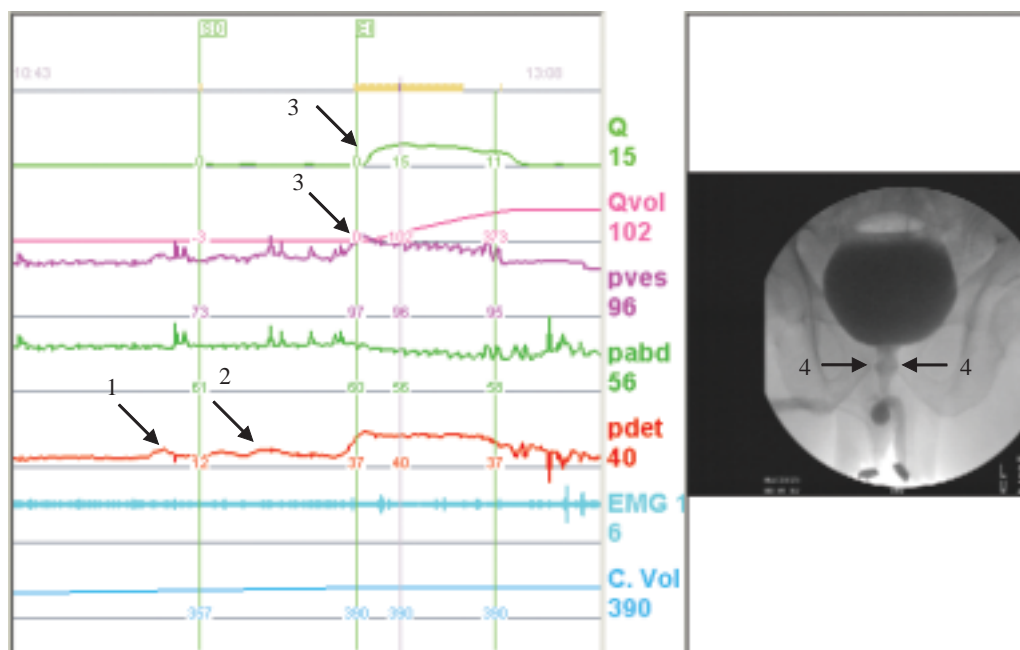


Postprostatectomy Urgency and Urge Incontinence

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BRIEF HISTORY

A 68-year-old man had undergone transurethral resection of the prostate (TURP) 10 years ago. He developed frequency urgency and urge incontinence in the previous year. The lower urinary tract symptoms (LUTS) were refractory to antimuscarinic treatment.

CLINICAL INVESTIGATION

The total prostatic volume (TPV) was 30 mL and the prostatic urethra was open. Cystoscopy revealed no urethral stricture.

URODYNAMIC FINDINGS

Videourodynamic study showed detrusor overactivity at a vol-

ume of 350 mL (1) and he felt urgency. However, he could inhibit the detrusor contractions during the filling phase (2). During the voiding phase, the detrusor pressure (Pdet) was 23 cm water and maximum flow rate (Qmax) was 15 mL/s. Voiding cystourethrography (VCUG) revealed an open bladder neck and prostatic urethra (3). The total voided volume was 410 mL and postvoid residual (PVR) was 10 mL.

CLINICAL DIAGNOSIS AND MANAGEMENT

Detrusor overactivity due to previous bladder outlet obstruction (BOO) is likely to be the diagnosis. Since the LUTS are refractory to antimuscarinic agent therapy, intravesical resiniferatoxin (RTX) instillation or intravesical botulinum toxin A (BTX-A) injections may be helpful in eradicating the uninhibited detrusor contractions.