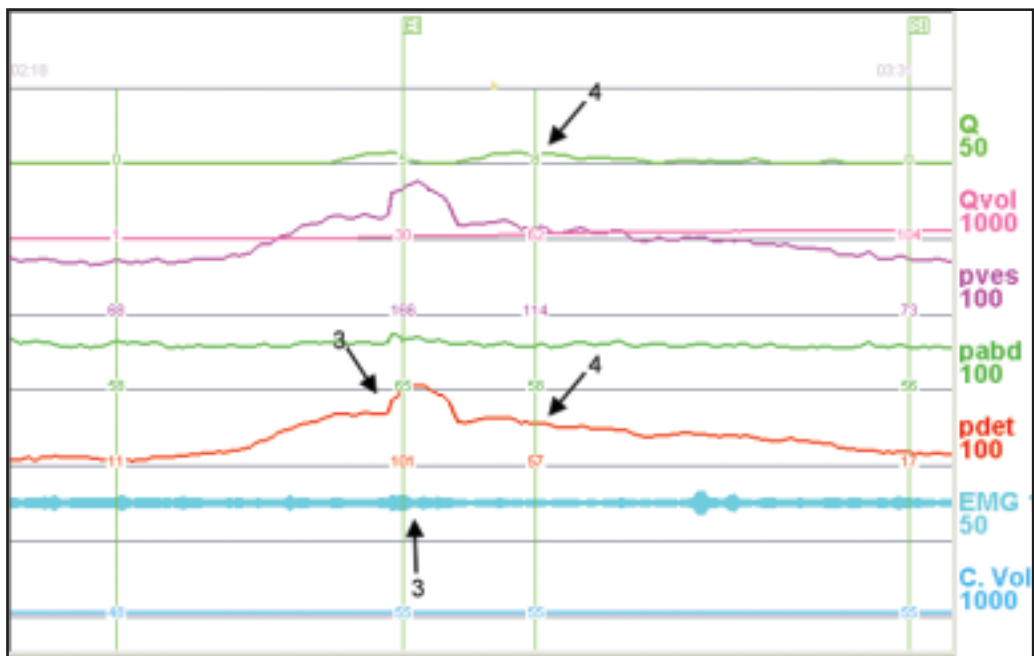
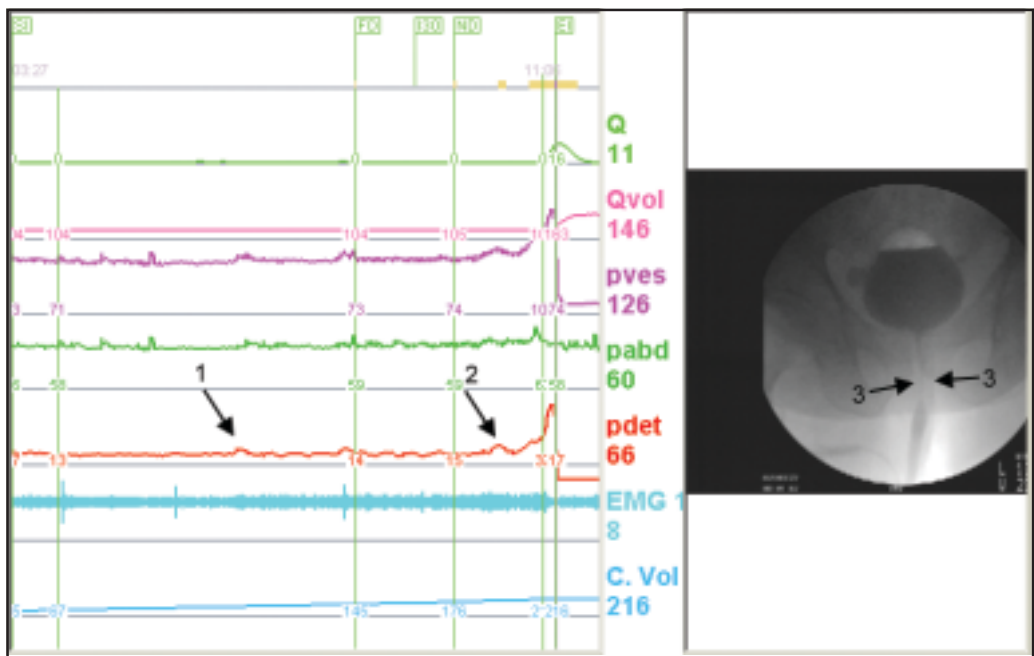


Post Prostatectomy Urgency Incontinence in an Elderly Man

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Clinical pearls – Urodynamics

BRIEF HISTORY

An 80-year-old man had undergone transurethral resection of the prostate 5 years ago. He had lower urinary tract symptoms of frequency, nocturia, urgency and urge incontinence over the last month. Urinary tract infection (UTI) was noted at the outpatient clinic and he was treated with antibiotics and the UTI was resolved.

CLINICAL INVESTIGATION

The prostate was not enlarged and he was free of neuropathy. Cystoscopy revealed no urethral stricture or bladder neck contracture.

URODYNAMIC FINDINGS

Videourodynamic study was arranged in order to find if there was bladder outlet obstruction (BOO). During bladder filling, uninhibited detrusor contraction occurred at a volume of 50 mL and he was requested to inhibit voiding (arrow 1). The uninhibited detrusor contractions increased in amplitude at a bladder volume of 200 mL (arrow 2).

During the first pressure flow study, the patient interrupted his flow and there was a rise in voiding pressure up to 98 cm water when he contracted his urethral sphincter and stopped the flow (arrows 3). After that, he continued to void with a detrusor pressure (Pdet) at a maximum flow rate (Qmax) of 46 cm water and a Qmax of 6 mL/s (arrows 4). During the second pressure flow study, several spontaneous detrusor contractions occurred during the filling phase and he felt a strong urge to void. At a volume of 156 mL, he could not hold urine and voided with the catheter slipping out. The voiding Pdet was 33 cm water and Qmax was 16 mL/s, postvoid residual was 0 mL.

CLINICAL DIAGNOSIS AND MANAGEMENT

Isovolumetric contraction was noted when he tried to inhibit voiding in the first pressure flow study. The high intravesical pressure was produced by a persistently contracted detrusor and a closed bladder outlet. This pressure should not be mistakenly diagnosed as the patient having BOO. The patient did not have BOO and the detrusor contractility was good. Antimuscarinic agent is indicated to treat his detrusor over activity.

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