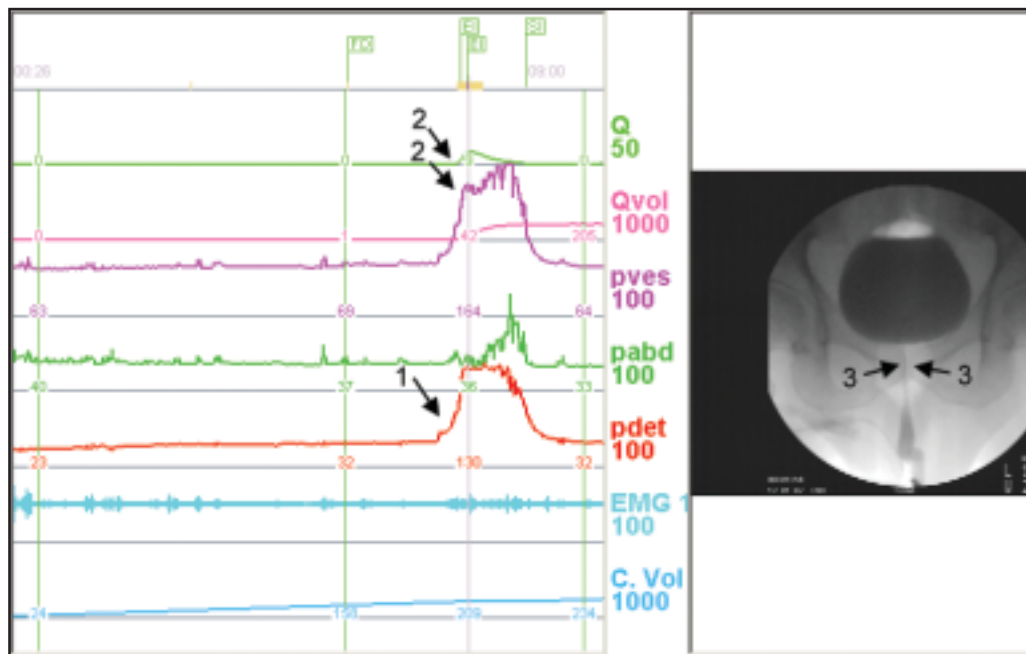


# Urgency-Frequency after Medical Therapy for Benign Prostatic Hyperplasia

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## BRIEF HISTORY

A 70-year-old man presented with benign prostatic hyperplasia (BPH) and lower urinary tract symptoms (LUTS) for 5 years. He received regular treatment but LUTS persisted. An episode of acute urinary retention developed after surgery for his hepatoma. He continued to receive combination therapy for BPH but urgency and occasional urge incontinence remained unchanged.

## CLINICAL INVESTIGATION

The patient looked well and was neurologically intact. Transrectal sonography of the prostate showed a total prostate volume of 121 mL and a transition zone index (TZI) of 0.62. Urinalysis was negative and prostatic specific antigen (PSA) was 5.9 ng/mL.

## VIDEOURODYNAMIC STUDY

Videourodynamic study (VUDS) revealed a hypersensitive bladder with high voiding pressure and low flow rate tracing. First sensation of bladder filling was 150 mL, full sensation 209 mL and uninhibited detrusor contraction occurred at a volume of 209 mL (arrow 1). Voiding pressure was 97 cm water (arrows 2), the maximal flow rate (Qmax) was 11 mL/s and voided volume was 206 mL, post-void residual (PVR) was 20 mL. During voiding the bladder neck and prostatic urethra were narrow (arrows 3).

## CLINICAL DIAGNOSIS AND MANAGEMENT

The urodynamic study showed typical bladder outlet obstruction due to BPH in an elderly man. Because the prostate was large, medical therapy failed to reduce the prostatic volume and relieve LUTS, surgical intervention such as transurethral resection of the prostate might be helpful.