

COMPARISON OF POSTOPERATIVE OUTCOMES ACCORDING TO INTRAVESICAL PROSTATIC PROTRUSION IN PATIENTS WITH BENIGN PROSTATIC HYPERPLASIA WHO UNDERWENT HOLMIUM LASER ENUCLEATION OF THE PROSTATE

Hypothesis / aims of study

Intravesical prostatic protrusion (IPP) is useful factor for predicting clinical progression of benign prostatic hyperplasia (BPH). We attempted to analyze whether IPP affects the postoperative outcomes of holmium laser enucleation of the prostate (HoLEP).

Study design, materials and methods

From January 2012 to December 2015, 94 patients with a possible measurement of IPP and follow-up period of at least 6 months were enrolled. IPP was measured by transrectal ultrasonography (TRUS). We divided the patients into two groups on the basis of the degree of IPP: the insignificant IPP group (group A, IPP < 10 mm) and the significant IPP group (group B, IPP ≥ 10 mm). Surgical outcomes were analyzed at 3 months and late complications were analyzed at 6 months after HoLEP. Patient's characteristics and surgical outcomes were retrospectively compared between the two groups.

Results

39 patients presented with significant IPP (41.5%). Patient's characteristics were not significantly different between the two groups except for preoperative International Prostate Symptom Score (IPSS)-storage and Quality of life score (QoL). Preoperative IPSS-storage and QoL was significantly higher in the group B (p = 0.023, 0.029, respectively). Postoperative improvement in IPSS-storage, IPSS-voiding, and QoL were higher in the group B (p=0.001, 0.011, 0.002, respectively).

Interpretation of results

IPP is an independent factor for predicting postoperative outcomes in BPH patients who undergo HoLEP.

Concluding message

We can expect better post-HoLEP outcomes in patients with significant IPP (IPP ≥ 10 mm).

Disclosures

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