

Pharmacological treatment of Lower Urinary Tract Symptoms (LUTS) after a Transurethral Resection of the prostate (TURP) is predictive of a new surgical treatment: 10 years follow-up.

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Aim

The aim of our study was To evaluate the long-term (at least 10 years) clinical characteristics of patients who have persistent LUTS after a TURP and continue their medical therapy post-operatively

Materials & Methods

- ✓ Study period: 2004 - September 2016
- ✓ Study design: Retrospective analysis of prospective database.
- ✓ Population: consecutive series of patients with LUTS and Benign prostatic enlargement (BPE) underwent TURP
- ✓ Patients were assessed at baseline, 3-, 6- months post-operatively and yearly thereafter, with:
 - medical history, IPSS, PRO-q, PSA, Prostate Volume, Maximal Urinary Flow Rate (Qmax), Post Void Residual Urine (PVR),
- ✓ Reoperation was defined as the requirement of a new TURP to relieve bothersome LUTS.
- ✓ Post-Operative Pharmacological therapy were: α -blockers, Antimuscarinic and 5- α -reductase inhibitors.
- ✓ Multivariate logistic regression analysis and the Kaplan-Meier curve were calculated.

Results

	Mean (SD)	Median (IQR)
Age (years)	69,7 (7,5)	70 (65/75)
IPSS	6,932 (7,6564)	3,000 (2/11)
QoL	1,644 (1,5218)	1 (0-3)
Qmax (ml/s) (Preoperative)	8,788 (4,0315)	8,050 (6/10,1)
Prostate Volume (ml)	57,501 (18,6796)	57,750 (44,575/69,00)
PSA (ng/ml)	3,2729 (2,45)	2,5450 (1,3/4,63)
Follow-up (months)	140,359 (8,15)	142 (138/146)

Table 1. Patients Characteristics (92 Patients)

	Controls (79)	Re-TURP (13)	*p
Age (years)	80 (75/84)	81 (76/86)	0,515
PSA (ng/ml)	2,55 (1,4/4,5)	2,3 (1,1/5,21)	0,823
Prostate Volume (ml)	55 (44,1/69)	60 (48,5/74,25)	0,598
Qmax (ml/s) (Pre-Operative)	8,1 (6/10,1)	7,3 (5,5/12,85)	0,771
PRO-q	18 (18/18)	18 (7/18)	0,127
IPSS	3 (1/10)	14,5 (3,75/21,25)	0,006
QoL	1,00 (0/3)	2,3 (2; 1/3,25)	0,145
Urinary Retention (Pre-Operative)	5/79	0/13	0,458
Post-TURP Medical Therapy	11/79	9/13	0,001

Table 2. Patients Characteristics according to Re-TURP

	OR	IC (95%)	*p
Post-TURP Medical Therapy	10,59	2,64 - 42,46	0,001
Age (years)	1,02	0,93 - 1,12	0,64

Table 3. Multivariate Analysis evaluating the risk of Re-TURP

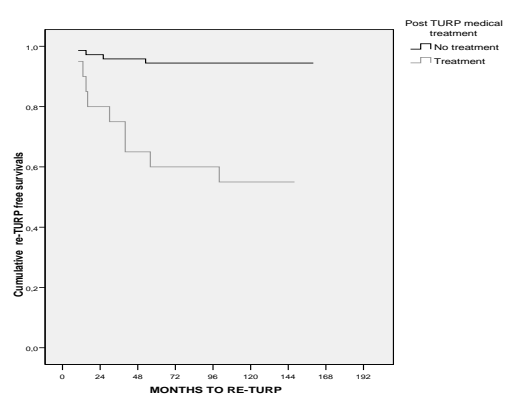


Table 4. Kaplan- Meier Curve

Conclusion

In our single center study, TURP has 86% reoperation-free probability at 10 years of follow-up. A small number of patients (20/92 - 21.7%) still required pharmacological treatment for persistent LUTS. The need of LUTS/BPE pharmacological treatment was a predictive factor of a re-TURP. Considering that more that 90% (12/13) of re-TURP were performed during the first 5 years of follow-up, it is assumable that a follow-up longer than 5 years is not needed in such group of patients.

References
 1. Transurethral resection of the prostate among medicare beneficiaries: 1984 to 1997. For the Patient Outcomes Research Team for Prostatic Diseases. *Wasson JH, Bubolz TA, Lu-Yao GL, Walker-Corkery E, Hammond CS, Barry MJ, J Urol.* 2000 Oct;164(4):1212-5.
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