

**Conclusions:** Symptoms of young male IC patients were not different with general IC symptoms. Even though the results show short-term effects, simple bladder hydrodistention would be the effective treatment modality for them.

#### UP-1.41

##### **The role of trial without catheter in the initial management of acute urinary retention due to benign prostatic hyperplasia**

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**Introduction and Objective:** Currently, there is no consensus on the management of the first episode of acute urinary retention (AUR) by BPH neither in terms of duration of catheterization nor regarding the optimal medical management after catheterization. The aim of our study was to evaluate the results of trial without catheter (TWOC) for the first episode of AUR by BPH.

**Materials and Methods:** We prospectively included in the study 80 patients with AUR by BPH which received alpha blocker treatment during the catheterization, assessing the following aspects: demographic data, history of BPH, prostatic size at ultrasound, the drained urinary volume, the length of catheterization and the success rate at the first attempt.

**Results:** The results of our study reveals a success rate of 68.75% (55 cases), being higher for those with precipitated AUR than those with spontaneous AUR. The success rate is higher for precipitated AUR (20/27 patients-74%) than for spontaneous AUR (35/53 cases- 66%), for prostate sizes smaller than 40 cmc (20/24 cases- 83%) than for patients with prostate larger than 40 cmc (35/56 cases- 62.5%). At 1 year follow-up, the success rate (defined as the absence of the AUR during the period) decreased to 40.9 % (18 out of the 44 patients remained in the study). For patients with BPH larger than 40 cmc which successfully passed the TWOC, who were subsequently treated by combined treatment with tamsulosin+ dutasteride, the incidence of secondary AUR within 1-year of treatment was significantly lower than those treated with alpha blockers.

**Conclusions:** TWOC can be considered for patients experiencing the first episode of AUR due to BPH, with excellent results

in cases of precipitated AUR and prostate sizes less than 40 cmc.

#### UP-1.42

##### **The prevalence of benign prostate hyperplasia in a rural community of South Korea**

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**Introduction and Objectives:** It is considered that the prevalence of benign prostate hyperplasia (BPH) in Asian men is lower than that of Caucasian. In Korea, prevalence of BPH has been increasing recently. We studied prevalence of BPH and correlation factors in middle-aged men inhabitants in rural community of South Korea.

**Materials and Methods:** We examined 305 men aged over 40 years old who dwell in a rural Korean community. A trained examiner carried out International Prostate Symptom Score (IPSS) questionnaire. A urologist performed digital rectal examination (DRE) and transrectal ultrasonography (TRUS). Prostate specific antigen (PSA) was sampled from all participants. BPH was defined in cases of IPSS>8 and prostate volume exceeding 25 grams on TRUS. We excluded participants who had palpable nodule on DRE or PSA higher than 2.5ng/ml. The final study population was comprised of 238 men.

**Results:** The average prostate volume was 30.9±9.91 grams and average PSA value was 1.08±0.56 ng/ml. The overall prevalence of BPH was 17.6% (42/238). The prevalence of BPH according to the age was 3.7% (1/27) in men in 40s, 9.0% (6/67) in 50s, 22.4% (17/76) in 60s, 26.5% (18/68) over 70s, respectively (p<0.05). IPSS was strongly correlated with quality of life (age adjusted spearman r=0.561, p<0.001). However, PSA and prostate volume showed no correlation (r=-0.015, p=0.8131; r=-0.039, p=5512). IPSS showed weak correlation with PSA (r=0.261, p=0.0992), but did not have statistical significance.

**Conclusion:** The prevalence of BPH and IPSS severity increased with each age group in this study. The prevalence of BPH in rural community of South Korea was lower than previously reported prevalence in South Korean urban community. Westernized lifestyle of urban community may have accounted for these results.

#### UP-1.43

##### **Penetration depth is key: the optimal treatment of BPH (Benign Prostatic Hyperplasia) using multi-disciplinary laser DIOLAS LFD 3000 for the photoselective vaporization of the prostate**

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**Introduction and Objective:** A topic that received much attention in recent months and years regarding the laser treatment of Benign Prostatic Hyperplasia (BPH) was the issue of penetration depth into soft tissue. In fact, one has to distinguish between two types of penetration depths: the area that is effectively vaporized by laser energy, and the region below that is usually referred to as the coagulation zone, or zone of thermal damage. Understanding the logic behind this discussion begins with the outcome. Patients treated by laser energy often suffer from inflammation, swelling and further post-operative problems related to the zone of thermal damage. Necrosis and remaining problems for the patient in the mid and long run have been the symptoms seen. Our aim for this clinical trial was to understand better the physics and reasons for such problems, and compare available laser systems for finding an optimal treatment of BPH.

**Materials and Methods:** This comparative clinical study included a total of 58 patients (n=32 with DIOLAS LFD 3000; n=26 with GreenLight PV) who suffered from BPH, where 52 patients took blood-thinning drugs. Various important indicators of the pre-, intra- and postoperative settings were evaluated during and after treatment for comparison with the 80 W GreenLight PV laser system. Consequently, all patients were evaluated regarding IPSS, QoL, PSA, maximal flow rate (Qmax) and post-voiding residual volume (Vres). Strong attention was given to the penetration depth to be understood as the zone of thermal damage below the tissue vaporized. For analyzing the conditions after treatment, various TURP resections were taken from both groups of patients immediately after the laser procedure. Furthermore, modern ultrasound technology (B&K) was used before, immediately after, and in various follow-up sessions, to examine the tissue conditions.