Benign prostatic hyperplasia (BPH) in Khartoum and soba hospital

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Abstract

• Benign prostatic hyperplasia (BPH) is the most common neoplastic condition afflicting men and constitutes a major factor impacting the health of the male population in the United States.
• The goals of the clinical evaluation of persons with voiding dysfunction caused by BPH are to identify the patient’s voiding or, more appropriately, urinary tract problems, both symptomatic and physiologic; to establish the etiologic role of BPH in these problems; to evaluate the necessity for and probability of success and risks of various therapeutic approaches; and to present the results of these assessments to the patient so he can make an informed decision about management recommendations and available alternatives.
• Most patients with medical problems caused by BPH present with symptoms of dysfunctional voiding. An increasingly scientific approach to targeting and evaluating appropriate symptoms resulted in the American Urological Association–sponsored symptom index.
• Additional tests may aid in formulating the final clinical impression and treatment plan. These include blood and urine analyses, Urodynamic evaluation, selected radiologic and ultrasound imaging studies, and cystourethroscopy.
• Uroflowmetry is the single best noninvasive test used in evaluation of patients presenting with the symptoms of bladder neck obstruction. However, the results of uroflow are nonspecific for many causes. Classic examples include the presence of an enlarged prostate from BPH, urethral stricture, meatal stenosis, and weakness of the detrusor muscle itself.
• Acute urinary retention is often indicative of end-stage bladder decompensation requiring operative relief. The presence of multiple bladder stones, prominent narrow-necked bladder diverticula, overflow incontinence, or other signs of end-stage bladder decompensation are indications for therapeutic intervention. Gross hematuria is an infrequent but legitimate indication for so-called prostatectomy, particularly when the episodes are multiple and associated with clot retention or significant blood loss. Obstructive and irritative symptoms that significantly interfere with the quality of life of the patient are common indications to consider prostatic Surgery and other therapeutic approaches.