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Prostatic Hyperplasia (BPH)

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Abstract: This article presents information from local and foreign sources about the disease of prostate gland hyperplasia (BPH): causative factors, symptoms, types, complications, treatment and prevention. In the diagnosis of compensated, subcompensated, decompensated and terminal stages of prostatic hyperplasia, information is provided about the patient's questionnaire, urological examination and a number of other laboratory and instrumental examination methods.

Keywords: Prostate hyperplasia (BPH). TURP, HoLEP and PVP Introduction is the main part.

Prostate adenoma is an outdated medical term. Currently, benign prostatic hyperplasia (BPH), commonly known as prostate enlargement, is a common condition in men between the ages of 25 and 50. If the prostate gland is enlarged, it can cause unpleasant urinary symptoms, such as blocking the flow of urine from the bladder. It can also cause problems with the bladder, ureters or kidneys.

Causes of prostate hyperplasia

Prostate hyperplasia develops as a disease that occurs in men with low sexual activity, sitting in one place for a long time, causing moisture in the pelvic cavity. Age and the level of male hormones have a significant effect on the incidence of prostate hyperplasia. is noted to show. Hereditary factors and a sedentary lifestyle also contribute to the development of hyperplasia.

Stages of the disease

There are 4 stages of prostate hyperplasia development.

Compensated form: BPH grows slowly. The prostate begins to squeeze the urethra, which immediately affects the nature of urination. Urination becomes difficult and sluggish. The patient resists the normal flow of urine, the muscles of the bladder gradually grow to squeeze the urine. The most characteristic changes in this stage are changes in urination: less, more often, patients have to get up to urinate 2-3 times a day. Not as strong as before (to urinate in a slow stream and intermittently). As the prostate continues to grow and the urethra hardens, the following symptoms may appear: Decreased diuresis. Increased urge to urinate even during the day. Involvement of accessory muscles. Increased uncontrollable urge to urinate (urgency). Despite the presence of these symptoms, the general condition of a patient with hyperplasia can be stable for many years without significant signs of disease progression. It is worth noting that even at this stage, acute urinary retention can occur from time to time.

Subcompensatory or periodic disorders: In this stage, the bladder does not empty completely and the amount of urine remaining in the bladder after urination remains high. The characteristic symptoms of this stage may be: An increase in the size of the bladder. From time to time, the flow of urine slows down. The need to strain during urination. Due to interruptions in urination, the entire process of urinating lasts a few minutes. Due to the amount of urine remaining in the bladder, changes begin in the upper urinary system: the urinary channels expand. Symptoms of

kidney failure appear. Other possible symptoms: Dry skin. Thirst. Development of the initial stage of kidney failure

Decompensation: Gradually, the body loses the ability to resist a large amount of urine, which is associated with an increase in prostate hyperplasia. The bladder is overstretched, so it almost does not shrink and does not contribute to urination, even straining to urinate does not help; The characteristic symptoms of this stage may be: A constant feeling of desire to empty the bladder. Severe pain in the lower abdomen. Frequent drops of urine.

The body gradually adapts to the current state, the pain decreases and even goes away. Urine drips continuously, giving the impression of a lack of voluntary control over urination. But keep in mind that this condition is not due to the fact that the bladder does not hold urine, but because of the large adenoma, it simply cannot come out normally. This phenomenon is called "paradoxical retention of urine". Further changes occur in the upper part of the urethra: Kidney function is significantly impaired, which can lead to decompensated kidney failure. Due to the loss of the kidney's cleaning function, "waste" gradually accumulates in the body. "starts to fly, accompanied by: loss of appetite, general weakness, vomiting, nausea, characteristic body odor. Due to the limited fluid intake at this stage, patients constantly experience thirst, dry mouth and hoarseness.

Terminal - With the development of the pathological process, kidney failure can occur, which leads to a sharp violation of the water-electrolyte balance, the amount of nitrogen in the blood increases, and the patient can die from uremia.

Characteristic symptoms: The severity of symptoms can vary among people with this disease. Symptoms worsen over time. Common signs and symptoms of this stage of BPH include: Frequent or urgent urination Frequent urination at night (nocturia). Difficulty starting to urinate. A weak stream of urine or a stream that stops and starts. Dribbling at the end of urination. Inability to empty the bladder completely. Less common signs and symptoms include: Urinary tract infection. Inability to urinate. Blood in the urine.

Complications. Complications of an enlarged prostate can include: Urinary tract infections (UTIs). Inability to empty the bladder can increase the risk of urinary tract infection. Surgery to remove part of the prostate gland may be necessary if UTI occurs frequently. Urinary retention (inability to urinate). You may need to insert a catheter (tube) into your bladder to urinate. Some men with an enlarged prostate may need surgery to relieve urinary retention. Bladder stones: These are usually caused by an inability to empty the bladder completely. Bladder stones can cause infection, bladder irritation, blood in the urine, and blockage of urine flow. Bladder damage. Over time, an incompletely emptying bladder can stretch and weaken. Then, the muscle wall of the bladder stops contracting properly, making it difficult to empty the bladder completely.

Kidney damage. The pressure of holding urine in the bladder can directly damage the kidneys or allow bladder infections to reach the kidneys.

Diagnosis of prostatic hyperplasia

A comprehensive diagnosis of the condition is made based on the data of the patient's questionnaire, urological examination and a number of other laboratory and instrumental examination methods. The established rules for the diagnosis of prostate adenoma include a general urine test, kidney tests, a blood test to determine the prostate specific antigen and if necessary, a histological examination of the adenoma tissue is considered. Ultrasound examination: gives an idea of the degree of expansion, its structure, determines the nodes in the gland, the presence of stones in the bladder, as well as the amount of residual urine. Radiology: This includes X-ray and excretory urography. The latter is carried out with the help of contrast and allows the doctor to determine the presence of ureters, the expansion of the renal pelvis, changes in their shape, and the presence of diverticula on the wall of the bladder.

Treatment of prostatic hyperplasia

Pharmacological treatment based on alpha adrenoblockers and 5-alpha reductase inhibitors can be prescribed to patients with mild and moderate symptoms. It helps to improve the flow of urine. Alpha-blockers reduce the tension of the muscle cells inside the prostate, helping the patient to empty the bladder more efficiently and comfortably. Alpha-reductase inhibitors reduce the size of the prostate, which improves the quality of urination.

Evolution of endoscopic methods of surgical treatment of large prostate adenoma. The HoLEP technique has been shown to be a viable alternative for large prostates and has shown better long-term results compared to open prostatectomy in several trials in terms of reduction of International Prostate Symptom Score (IPSS), improved quality. Bipolar TURP is another relatively new product that promises good performance in the treatment of large glands. Its appeal is that it is similar to conventional TURP, but it reduces the complications of hyponatremia and is safer in patients using pacemakers.

In general, bipolar TURP, HoLEP, and PVP are currently recommended as endourologic alternative procedures for the treatment of large prostate adenoma according to different indications. Currently, HoLEP is superior to others due to its proven long-term results

In terms of overall surgical time and hospital stay, available data favor HoLEP over PVP or bipolar resection, especially for large glands.

Conclusions.

About a third of men with prostatic hyperplasia experience moderate to severe symptoms by age 60, and about half by age 80. Prostate hyperplasia occurs in 4 stages: compensation, subcompensation, decompensation and terminal. The diagnosis of prostate hyperplasia is made based on the data of the patient's questionnaire, urological examination and a number of other laboratory and instrumental examination methods. The established rules for the diagnosis of prostate adenoma include a general urine test, kidney tests, a blood test to determine the prostate specific antigen, and if if necessary, histological, ultrasound, and radiological examination of adenoma tissues. In prostatic hyperplasia, bipolar TURP, HoLEP, and PVP are currently recommended as endourologic alternative procedures for the treatment of large prostate adenoma according to different indications. Currently, HoLEP is superior to others due to its proven long-term results.

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