PROSTATIC ARTERY EMBOLIZATION IN TREATMENT OF BENIGN PROSTATIC HYPERPLASIA

Essay

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INTRODUCTION

Benign prostatic hyperplasia (BPH) is one of the most common diseases found in aging men. It is associated with lower urinary tract symptoms that affect the quality of life (*Paolone*, 2010).

The prevalence of BPH increases with age. Histologic BPH is present in approximately 8% of men aged 31 to 40, 50% of men aged 51 to 60, 70% of men aged 61 to 70, and 90% of men aged 81 to 90. Correspondingly, symptomatic (clinical) BPH is present in approximately 26% of men in the fifth decade of life, 33% of men in the sixth decade, 41% of men in the seventh decade, and 46% of men in the eighth decade of life and beyond (*Paolone*, 2010).

Medical therapy with alpha blockers and 5-alphareductase inhibitor is a first-line treatment option, Minimally invasive treatments, including interstitial laser ablation, transurethral microwave treatment, and transurethral needle ablation, were originally conceived as attempts to offer equivalent efficacy without the burden and risk of operative morbidity. None of the minimally invasive treatments have proven to be superior to transurethral resectioning of the prostate (TURP) from a cost/benefit standpoint, and TURP remains the gold standard (*Pisco*,2012).

Prostatic artery embolization is a new interventional treatment that blocks blood supply to men's enlarged prostate

glands shows comparable clinical results to transurethral resection of the prostate (TURP) (Sun et al., 2008).

However, this minimally invasive treatment-prostatic artery embolization- has none of the risks associated with TURP such as: sexual dysfunction, urinary incontinence, blood loss and retrograde ejaculation (*Sun F et al.*, 2008).

AIM OF THE WORK

To highlight importance and evaluate effect of prostatic artery embolization in treatment of benign prostatic hyperplasia.