

BPH or Male Climax?



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Submission: July 13, 2018; **Published:** July 19, 2018

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Keywords: Benign prostatic hyperplasia; Prostate gland; Urology

Introduction

Benign prostatic hyperplasia (BPH) - also called prostate gland enlargement begins with the fact that a small knot forms in the gland. Over time, its size increases, with the prostate putting pressure on the urinary tract. The prevalence of BPH rises markedly with increased age. BPH affects 70% of US men 60-69 years of age and 80% of those 70 years of age or older. Against the backdrop of such changes, there are problems with the outflow of urine, which is very dangerous for health, since they threaten to impair the functions of the entire urinary system. It is worth noting that with the right and timely approach, prostate adenoma is successfully cured.

Types BPH

Depending on the appearance of the tumor, prostate adenoma can be of the following types[1]:

- Myomatous,
- Fibrous,
- Spherical,
- Pear-shaped,
- Cylindrical.

Depending on the structure and location of the following types of BPH are distinguished:

- Uniform compaction of the prostate gland, which occurs under the pressure of adenoma, in such a course of the disease there is no retention of urine in the bladder, and also with urination,
- A tumor that grows inside the bladder through the urinary tract, as a result of which the internal sphincter is deformed, disrupting the functions of the organ,
- A tumor that grows in the direction of the rectum, with this type of tumor, urination is not significantly affected, but the bladder is not completely relieved due to loss of contractility of the prostatic part of the urethra.

How is the Disease Manifested?

In different patients, BPH manifests itself in different ways[2]. For someone, it grows slowly and does not manifest itself for several decades. Other patients learn about adenoma a year after the onset of its development. In this regard, men should monitor their health and respond in time to any deviations from the norm.

The main sign of the development of BPH is problems with urination and sexual function.

As the disease develops, the following symptoms are observed:

- The stream of urine decreases, there are false desires,
- Frequent nighttime urge to empty the bladder (per night up to four times),
- Difficulty with urination (it is necessary to exert effort to empty the bladder),
- Leakage of urine,
- Biolations of erectile function,
- Premature ejaculation,
- Painful urination, pain in the groin area,
- Fever and weakness (with chronic prostatitis).

The Reasons of Prostate Adenoma

The factors that can lead to the development of BPH include the following:

- Age over 45 years,
- Sedentary lifestyle,
- Adverse environmental conditions,
- Hormonal disorders,
- Excess weight,

- Chronic diseases, for example, atherosclerosis.

To determine the exact diagnosis, a complex of diagnostic procedures is carried out, which consists of[3]:

- Blood test for PSA level (prostate-specific antigen),
- Prostate biopsy - involves taking a biopsy specimen (a piece of prostate tissue) for further histological examination,
- Neurological examination to determine the causes of urinary problems that are not related to prostate adenoma,
- General analysis of urine,
- Digital rectal examination, which allows you to assess how much the prostate is enlarged,
- Pyelograms, urograms - X-ray examination with the use of contrast agent for the detection of tumors, sand, stones in the kidneys and bladder,
- Transrectal ultrasound examination of the prostate (through the rectum),
- Urethrocystoscopy - examines the mucosa of the bladder and urethra,
- Urodynamic tests - studies the strength of the urine flow, the amount of residual fluid.

Each patient undergoes the examination according to the individual program, which includes the procedures necessary in his case

How is BPH Treated?

Treatment of BPH is carried out using the most effective methods, which are appointed taking into account the nature of the course and severity of the disease[4].

Conservative treatment

If the clinical picture of the disease is poorly expressed, then drug therapy is used. It includes taking medications to relieve the symptoms of BPH: inhibitors of 5-alpha-reductase and phosphodiesterase, as well as alpha-blockers. Depending on the symptomatology and effectiveness of the drugs for a particular patient, various combinations of drugs can be prescribed[5,6].

Surgery

If the drug therapy is ineffective, an operation is performed. The choice of the type of surgical intervention depends on the severity of the symptoms, the degree of enlargement of the prostate, the age and wishes of the patient[7]. Open prostatectomy is an operation in which access is made through a cut in the abdominal wall. Assign such an operation for large tumor sizes, as well as complicating factors, such as stones or bladder damage. Transurethral incision of the prostate is an operation with access through the urethra, in which the prostate tissue is cut, but not removed, to open the exit from the bladder.

Transurethral resection of the prostate gland, in which tissues that have sprouted urethra are removed[8].

Laser treatment

Removal of adenoma with a laser involves the use of high-energy lasers, the radiation of which destroys the adenoma of the prostate. Laser surgery usually provides rapid relief of symptoms and suggests a minimal risk of complications. Laser surgery can be performed by visual laser ablation, holmium laser enucleation, holmium laser ablation, and photo-selective vaporization[9,10].

Other methods of minimally invasive treatment

Minimally invasive surgery has several advantages: a short rehabilitation period, a small risk of infection of the operating wound and bleeding. Among sparing methods it is worth noting[11]:

- Prostatic stents. Their setting is reduced to the introduction into the urethra of a metal device that maintains the lumen of the urethra open, which restores normal urination[12].
- Transurethral needle ablation. The adenoma is removed by radio wave radiation, which passes through special needles. The impact of radio waves leads to scarring of the prostate tissue, reducing their size.
- Transurethral microwave thermotherapy. It presupposes the removal of the affected prostate tissues by the introduction through the urethra of an electrode that emits microwave energy. As a result, the tissues are heated and destroyed, opening the urethra.

The advantages of transurethral resection (TUR)

- Better efficacy compared with open adenectomy.
- Minimally invasive and less traumatic method (no large incisions are required, access is through the urethra, large blood loss and severe postoperative complications are excluded)[13,14].
- The shorter duration of the postoperative period (the next day it is possible to urinate independently, on 3-5 days the patient can return to the usual routine of life).
- Better patient tolerance.
- Insignificant percentage of complications.

When to see a doctor

If you're having urinary problems, discuss them with your doctor. Even if you don't find urinary symptoms bothersome, it's important to identify or rule out any underlying causes. Untreated, urinary problems might lead to obstruction of the urinary tract.

If you're unable to pass any urine, seek immediate medical attention!

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DOI: [10.19080/JOJUN.2018.05.555674](https://doi.org/10.19080/JOJUN.2018.05.555674)

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