Is Staging of Benign Prostatic Hyperplasia (BPH) Feasible?

S J Chia,*FAMS, MBBS, FRCS (Edin), K T Foo,**FAMS, MBBS, FRCS (Edin)

Abstract

With better understanding of the natural history of benign prostatic hyperplasia (BPH), the treatment can be tailored to the severity of the disease. The aims of this study were to determine the feasibility of staging BPH according to its severity and choose the optimal therapeutic tool for each category, and for comparing results of various modalities of treatment.

Two hundred and twenty-five patients with clinical BPH were seen between October 1994 and July 1995. Initial assessment included the International Prostatic Symptom Score, and the quality of life index, digital rectal examination, urinalysis, prostate specific antigen, uroflow and residual urine estimation. Patients were then divided into: Stage 1, those with no bothersome symptoms and no significant obstruction, they can generally be watched. Stage 2, those with bothersome symptoms but without significant obstruction, they can be treated with pharmacotherapy/thermotherapy. Stage 3, those with significant obstruction defined as uroflow of less than 10 ml/s with persistent residual urine of >100 ml, transurethral prostatic resection (TURP) would be recommended. Stage 4, those with complications of BPH such as chronic retention of urine and bladder stone, they would need TURP.

One hundred and fifty-nine patients had complete follow up data of at least 2 years. Of the 70 patients who were originally in Stage 1, 59 (89%) remained in status quo, 6 patients developed acute retention of urine and only 1 required TURP. Of the 38 patients in Stage 2, 24 were down-staged to Stage 1 after medication and thermotherapy but 4 still remained in Stage 2 and the other 10 had worsening of symptoms requiring surgery. Of the 46 patients in Stage 3, 30 (65%) had TURP and all except 1 were down-staged to Stage 1. All patients in Stage 4 had TURP and improved.

We conclude that staging of patients with clinical BPH is feasible. It serves as a useful guide for management and improves cost effectiveness.

***Ann Acad Med Singapore* 1999; 28:800-4**

Key words: Benign prostatic hyperplasia, Staging

* *Consultant Urologist*
Section of Urology, Department of General Surgery
Tan Tock Seng Hospital
** *Head and Senior Consultant*
Deparment of Urology
Singapore General Hospital
Address for Reprints: Dr Chia Sing Joo, Section of Urology, Department of General Surgery, Tan Tock Seng Hospital, Moulmein Road, Singapore 308433.