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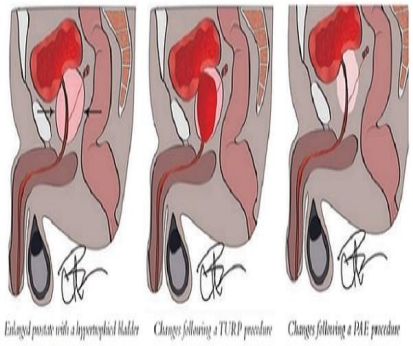
Interventional Radiology Offers New Treatment for Enlarged Prostates



According to researchers, men with benign prostatic hyperplasia (BPH) — the prostate is enlarged but not cancerous — have a new, breakthrough treatment option that is less invasive and has fewer complications than other minimally invasive treatments, such as transurethral resection of the prostate and surgical options. The treatment called prostate artery embolisation (PAE) enabled clinicians to improve patient symptoms, regardless of the size of BPH before the treatment, researchers found in a retrospective study presented at the Society of Interventional Radiology's (SIR) Annual Scientific Meeting.

PAE is an innovative outpatient procedure that "offers less risk, less pain and less recovery time than traditional surgery, and we are hopeful that further research will confirm it to be an effective therapy for BPH," said the study's lead researcher Sandeep Bagla, MD, an interventional radiologist at Inova Alexandria Hospital in Virginia.

Dr. Bagla and colleagues examined the cases of 78 patients who underwent prostate artery embolisation for BPH as part of the clinicians' routine practice. For the study, patients were divided into three different analysis groups based on the size of the BPH: less than 50 cubic centimetres, between 50-80ccm and greater than 80ccm. The team assessed the effectiveness of PAE in these patients at one, three and six months after treatment, and data showed:

- 96 percent of cases (75 patients) were considered technically successful, with both blood vessels leading to the enlarged prostate blocked by PAE treatment.
- Symptom improvement as well as significant improvement in quality of life, as measured by the American Urological Association Symptom Index, for all three patient groups.
- When comparing each group, there was no difference in outcome as well.

In addition, patients did not report a change in their sexual function, based on the International Index of Erectile Function. Dr. Bagla attributes this low rate of side effects to the fact that PAE is conducted via the femoral artery versus other treatments, which enter through the urethra or penis. In PAE, a catheter is inserted into the femoral artery and guided to the prostate artery on both sides of the enlarged gland. Once positioned next to the prostate, microscopic spheres are delivered to block blood flow, causing the prostate to shrink.

"Many men have benign prostatic hyperplasia that cannot be treated by traditional methods, such as when the BPH is smaller than 50 cubic centimetres or larger than 80 cubic centimetres," Dr. Bagla noted.

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While the data from this research demonstrate continued symptomatic improvement six months after treatment, Dr. Bagla says more research is needed to show efficacy at one year and beyond. He also believes that additional research — possibly randomised, prospective studies — should be conducted to compare the safety and efficacy of PAE with other commonly performed BPH treatments.

BPH affects more than 50 percent of men ages 60 and older in the United States, and more than 80 percent of men 80 and over, according to Dr. Bagla.

Source: Society of Interventional Radiology
Image Credit: Charles T. Burke, MD/UNC Health Care

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