

What grows beneath

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Q. Where is the prostate? What is its function? I had a friend whose prostate became enlarged and had to be operated on because he had difficulty urinating. What causes enlargement of the prostate? Does an enlarged prostate lead to prostate cancer?

--Johnny C., Quezon City

A. The prostate lies below the urinary bladder and surrounds the urethra (the passageway of urine from the urinary bladder to the external environment) in males. It is a small gland (4cm x 3 cm x 2 cm) that produces fluid that forms part of semen and nourish the sperm cells.

The medical term for the prostate enlargement that your friend had is benign prostatic hyperplasia or hypertrophy (BPH), a condition which, as its name suggests, is a non-cancerous enlargement of the prostate that is associated with aging. Although some of the signs and symptoms of BPH are similar to prostate cancer, BPH does not lead to nor does it increase a man's chances of developing prostate cancer.

The exact cause of BPH is not known yet, but it probably has something to do with testosterone, the male hormone. Aside from age, no other risk factor for BPH has so far been identified. BPH is diagnosed by physicians by doing a rectal examination and feeling for the prostate.

An enlarging prostate is clinically important because it could compress and choke the urethra and result in signs and symptoms that include hesitancy or difficulty in starting urination, urgency or a need to urinate right away, a weak or frequently interrupted urine flow, a feeling of incomplete emptying of the bladder, dribbling of urine after urination, frequent urination especially at night, and burning sensation or pain during urination.

Sometimes, men with BPH develop acute urinary retention—it suddenly becomes impossible to urinate. Acute urinary retention needs immediate medical attention because aside from being very painful, it can result in damage to the kidneys.

The prostate usually starts to enlarge at age 25. This growth is continuous but gradual such that BPH rarely causes symptoms before age 40, but half of men aged 60 years old and almost 90 percent of those above 80 years old have some symptoms of the disease.

In mild cases of BPH, the symptoms, if they appear, usually clear up spontaneously. Thus, the management of mild BPH consists simply of "watchful waiting." Treatment of BPH only becomes necessary if the symptoms become very troublesome or if complications such as repeated urinary tract infection, kidney stones, or impaired kidney functions have appeared.

Usually, BPH is initially treated with drugs. If drugs fail, surgery is resorted to.

There are several drugs that are presently being used for BPH. They work either by relaxing the muscle fibers within the prostate and the urinary bladder thereby easing the obstruction to urine flow, or by shrinking the prostate by counteracting the effects of the male hormone that are responsible for overgrowth of the cells of the gland.

As far as surgery is concerned, the most common surgical procedure for BPH is transurethral resection of the prostate (TURP) where parts of the gland that impinge on the urethra are peeled off by means of an endoscope (a flexible tube with attached surgical instruments) that is inserted into the urethra.

TURP has a high rate of long-term complications. In close to 75 percent of men who undergo the procedure, the muscle that is involved in ejaculation is cut during the surgery resulting in dry ejaculation (retrograde ejaculation)—during orgasm, semen, instead of flowing out of the body via the urethra, spills into the bladder. TURP also results in sexual dysfunction in up to 14 percent of cases, and urinary incontinence, temporary in most instances, but permanent in 1 percent of cases.

By the way, laser surgery and a few other minimally invasive modalities are now being employed in the U.S. in treating BPH, but I do not know if any of these new procedures are now being performed by our urologists.

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