

# Effects of benign prostatic hyperplasia

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It is important to realise that the relationship between anatomical prostatic enlargement, LUTS and urodynamic evidence of BOO is complex ( Figure 84.2 ). Summary box 84.2 Consequences of BPH

No symptoms, no BOO No symptoms, but urodynamic evidence of BOO LUTS, no evidence of BOO LUTS and BOO Others (acute/chronic retention, haematuria, urinary infection and stone formation)

Anatomically , the effects are as follows: Urethra . The prostatic urethra is lengthened, sometimes to twice its normal length, but it is not narrowed anatomically . The normal posterior curve may be so exaggerated that it requires a curved catheter to negotiate it. When only one lateral lobe is enlarged, distortion of the prostatic urethra occurs. Bladder . If BPH causes BOO, the musculature of the bladder hypertrophies to overcome the obstruction and appears trabeculated ( Figure 84.3 ). Significant BPH is associated with increased blood flow , and the resultant veins at the base of the bladder are apt to cause haematuria.

Symptoms BPH BOO Figure 84.2 Diagrammatic representation of the relation between symptoms of prostatism, benign prostatic hyperplasia (BPH) and urodynamic evidence of bladder outflow obstruction (BOO).

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