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MURAT **BINBAY**, MD
Prof. Of Urology

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Benign prostatic hyperplasia and male lower urinary tract symptoms (LUTS)

Benign prostatic hyperplasia and male lower urinary tract symptoms (LUTS)

Web publication date: 26 August 2011 (based on July 2009 search)

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Tom McNicholas and Roger Kirby

Overview

Benign prostatic hyperplasia (BPH) is defined histologically. Several terms such as "prostatism", "symptoms of BPH", and "clinical BPH" have previously been used to describe male lower urinary tract symptoms (LUTS). These descriptions incorrectly imply that urinary symptoms in the male arise from the prostate. The acronym "LUTS" was introduced in order to avoid this. Increasingly, scientific

[Interventions table \(11\)](#)

[Key points](#)

Kanıtla ulaşılmamış konular hakkında

Önleyici veya tedavi edici girişimlerin yarar ve zararları üzerine bir sonuca ulaşmaya çalışır

Intervention	Icon	Description
Beneficial		for which effectiveness has been demonstrated by clear evidence from systematic reviews, RCTs, or the best alternative source of information, and for which expectation of harms is small compared with the benefits.
Likely to be beneficial		for which effectiveness is less well established than for those listed under "beneficial".
Trade off between benefits and harms		for which clinicians and patients should weigh up the beneficial and harmful effects according to individual circumstances and priorities.
Unknown effectiveness		for which there are currently insufficient data or data of inadequate quality.
Unlikely to be beneficial		for which lack of effectiveness is less well established than for those listed under "likely to be ineffective or harmful".
Likely to be ineffective or harmful		for which ineffectiveness or associated harm has been demonstrated by clear evidence.

THERAPEUTICS

Radical prostatectomy reduced death and progression more than watchful waiting in early prostate cancer

Bill-Axelsson A, Holmberg L, Ruutu M, et al. Radical prostatectomy versus watchful waiting in early prostate cancer. *N Engl J Med*. 2005;352:1977-84.

Clinical impact ratings: GIM/FP/GP ★★★★★★ Nephrology ★★★★★☆ Oncology ★★★★★☆

QUESTION

In men with early prostate cancer, how do radical prostatectomy (RP) and watchful waiting (WW) compare for long-term mortality outcomes?

METHODS

Design: Randomized controlled trial (Scandinavian Prostate Cancer Group Study Number 4).

Allocation: {Concealed}†.*

Blinding: Blinded (outcome assessors, data safety and monitoring committee, and data analysts)†.*

Follow-up period: Mean 8.5 to 8.8 years (median 8.2 y).

Setting: 14 centers in Sweden, Finland, and Iceland.

Patients: 695 men < 75 years of age (mean age 65 y) with newly diagnosed, untreated, localized prostate cancer; tumor stage T0d (later changed to T1b), T1, or T2; life expectancy > 10 years; prostate-specific antigen (PSA) level < 50 ng/mL; and no abnormalities on bone scan.

Intervention: RP (n = 347) or WW (n = 348).

Outcomes: Death from prostate cancer, distant metastasis, local progression, and death from any cause.

Patient follow-up: 100% (intention-to-treat analysis).

MAIN RESULTS

Fewer patients in the RP group died from prostate cancer than did patients in the WW group (Table). The absolute risk reduction between groups increased from 2% at 5 years to 5.3% at 10 years. Patients who received RP also had lower rates of distant metastasis, local progression, and death from any cause (Table). The benefit of RP in reducing death

from prostate cancer was greatest in men < 65 years of age. PSA level at diagnosis or Gleason score did not affect the results.

CONCLUSION

In men with early prostate cancer, radical prostatectomy reduced death from prostate cancer, distant metastasis, local progression, and death from any cause more than watchful waiting over 10 years of follow-up.

Source of funding: Swedish Cancer Society

For correspondence: Dr. A. Bill-Axelsson, University Hospital, Uppsala, Sweden. E-mail anna.bill.axelsson@akademiska.se.

*See Glossary.

†Information provided by author.

Radical prostatectomy vs watchful waiting for localized prostate cancer at median 8.2 years†

Outcomes	Radical prostatectomy	Watchful waiting	RRR (95% CI)	NNT (CI)
Death from prostate cancer	8.6%	14%	40% (8.2 to 61)	18 (10 to 101)
Distant metastasis	14%	23%	37% (13 to 54)	13 (8 to 40)
Local progression	18%	43%	57% (45 to 67)	5 (4 to 6)
Death from any cause	24%	30%	21% (-0.3 to 39)	16 (8 to ∞)

†Abbreviations defined in Glossary; RRR, NNT, and CI calculated from data in article.

COMMENTARY

There are 2 main questions to ask of the study by Bill-Axelsson and colleagues: What does it show, and should it influence practice? The study claims that RP is better than WW for early-stage prostate cancer, a conclusion that is largely based on improved survival in patients < 65 years of age treated with RP. Based on Figure 1b in the paper, it would seem that RP is no better than WW in patients > 65 years of age.

The second question is more important. The study was designed nearly 20 years ago, and in the meantime, ad hoc screening and stage migration have changed the clinical picture of early prostate cancer. The trialists did well to persuade so many men to accept such a difficult choice for randomization. Until 2003, patients in the WW group who developed local progression were not offered any treatment. A planned disparity existed between the 2 groups, one that would bias any conclusions in favor of RP. It would be difficult now to defend such a policy: WW has been replaced by active surveillance. This is not mere semantics; patients are followed closely and at any hint of disease progression, appropriate systemic therapy is started.

Comparison of active monitoring with RP or EBRT. Only 10% of patients with early prostate cancer will die of prostate cancer—event rates are low, and trials have to be large to show significant differences between treatments. Quality-of-life issues are also important and deserve a thorough discussion. All patients allocated to active intervention will have both acute and chronic symptoms related to the intervention. Patients who are actively monitored may have a higher risk for symptoms related to disease recurrence or progression, plus any anxieties associated with having untreated cancer. Trade-offs between harms and benefits are complex, particularly when 90% of patients may be at risk for harm without benefit. Patients' attitudes and preferences are vital to appropriate decision making, but we know hardly anything about them.

Does this study prove that RP is better than WW for all patients with early prostate cancer? No. Should the results of this study be used to influence practice? Possibly, but because it reflects the choices of a bygone era, any extrapolation to contemporary practice must be tempered by caution.

Alastair J. Munro, FRCP, FRCP(E)
University of Dundee

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[Back-to-back comparison of mini-open vs. laparoscopic technique for living kidney donation.](#)
2. Rampersad C, Patel P, Koulack J, McGregor T.
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3. Mari A, Antonelli A, Bertolo R, Bianchi G, Borghesi M, Ficarra V, Fiori C, Furlan M, Giancane S, Longo N, Mirone V, Morgia G, Porpiglia F, Rovereto B, Schiavina R, Serni S, Simeone C, Volpe A, Carini M, Minervini A.
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4. Kelley J, Collins R, Allam C.

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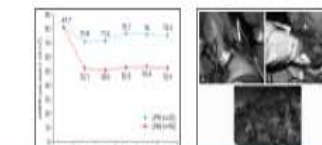
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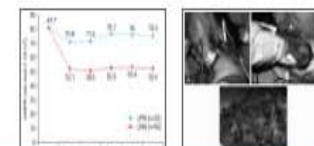


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Urology. 2017 Jul 29. doi: 10.1016/j.urology.2017.07.055. Epub 2017 Aug 25. No abstract available.
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Nephrolithotomy still the standard treatment modality for renal stones less than 20 mm.
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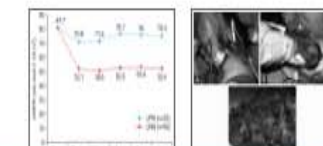
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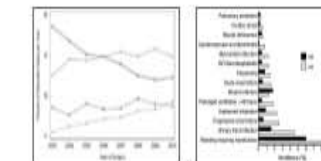
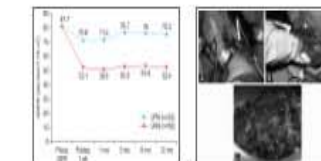
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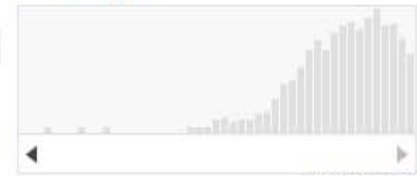
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Does pelvicaliceal system anatomy affect success of percutaneous nephrolithotomy?

Binbay M¹, Akman T, Ozgor F, Yazici O, Sari E, Erbin A, Kezer C, Sarilar O, Berberoğlu Y, Muslumanoglu AY.

Author information

Abstract

OBJECTIVE: To investigate the effect of the pelvicaliceal system (PCS) anatomy on the percutaneous nephrolithotomy (PCNL) success rate. Although the caliceal anatomy is effective for stone clearance after shock wave lithotripsy and retrograde intrarenal lithotripsy, the effect of the caliceal anatomy after PCNL has not been evaluated to date.

METHODS: A total of 498 patients who had undergone PCNL and preoperative intravenous urography were enrolled in our study. Kidney-related anatomic factors, such as the PCS surface area and type, degree of hydronephrosis, infundibulopelvic angle, upper-lower calix angle, infundibular length, and infundibular width were calculated using intravenous urography. The association between the PCNL success rate and kidney-related anatomic factors was retrospectively analyzed using chi-square tests, Fisher's exact test, Mann-Whitney U test, and forward stepwise regression analysis.

RESULTS: A success rate of 78.1% was achieved. No difference was seen the success rates among the PCS types. The mean PCS surface area was 20.1 ± 9.7 cm² in patients with successful outcomes and 24.5 ± 10.2 cm² in patients with remaining stones ($P = .001$). The mean infundibulopelvic angle, upper-lower calix angle, infundibular length, and infundibular width were similar in both groups. Multivariate binary logistic regression analysis showed that stone configuration and PCS surface area were independent factors affecting the PCNL success rates.

CONCLUSION: The results of our study have shown that the PCS surface area is the only anatomic factor that affects the PCNL success rate and patients with a PCS surface area <20.5 cm² have greater PCNL success.

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Steven Johnson's Syndrome is a serious systemic disorder in which there are vesicobullous lesions involving the skin and mucous membranes. It can result as an immune response to an antigen or as a drug reaction. Most often it is considered as an allergic reaction. It is a self-limiting condition which responds to immediate management or may result in fluid loss, sepsis and death.

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Core temperature correlates with expression of selected stress and immunomodulatory genes in febrile patients with sepsis and noninfectious SIRS.

Sonna LA, Hawkins L, Lissauer ME, Maldeis P, Towns M, Johnson SB, Moore R, Singh IS, Cowan MJ, Hasday JD.

University of Maryland School of Medicine, Baltimore, MD 21201, USA. larry_sonna@hotmail.com

Abstract

Environmental hyperthermia and exercise produce extensive changes in gene expression in human blood cells, but it is unknown whether this also happens during febrile-range hyperthermia. We tested the hypothesis that heat shock protein (HSP) and immunomodulatory stress gene expression correlate with fever in intensive care unit patients. Whole blood messenger RNA was obtained over consecutive days from 100 hospitalized patients suffering from sepsis or noninfectious systemic inflammatory response syndrome (SIRS) as defined by conventional criteria. The most abnormal body temperature in the preceding 24 h was recorded for each sample. Expression analysis was performed using the Affymetrix U133 chip. ANCOVA followed by correlation analysis was performed on a subset of 278 prospectively identified sequences of interest. Temperature affected expression of 60 sequences, either independently or as a function of clinical diagnosis. Forty-eight of these (representing 38 genes) were affected by temperature only, including several HSPs, transcription factors heat shock factor (HSF)-1 and HSF-4, cellular adhesion molecules such as ICAM1/CD54 and JAM3, toll receptors TLR-6 and TLR-7, ribosomal proteins, and a number of molecules involved in inflammatory pathways.

Twelve sequences demonstrated temperature-dependent responses that differed significantly between patients with sepsis and noninfec and DNAJC4; the F11 receptor; folate hydrolase 1; HSF-2; HSP 70 proteins HSPA1A, HSPA1B, and HSPA1L; interleukin 8; lipopolysaccharide. Febrile-range temperatures achieved during sepsis and noninfectious SIRS correlate with detectable changes in stress gene expression and modify innate immune responses. For some genes, it appears that clinical condition can alter temperature-sensitive gene potential importance of body temperature in shaping the immune response to infection and injury.

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P Sorun/Hasta

LUTS nedeniyle akut üriner obstrüksiyona giren bir hasta

I Müdahale

Alfa blokerler ile tedavi

C Karşılaştırma

Plaseboya göre

O Sonuç

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Bone health in primary ovarian insufficiency. Marino R, Maza M. Semin Reprod Med. 2011 Jul; 29(4):317-27. Epub 2011 Oct 3.

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Incidence, risk factors, and outcomes of osteonecrosis of the jaw: integrated analysis from
Saad F, Brown JE, Van Poznak C, Ibrahim T, Stemmer SM, Stopeck AT, Diei U, Takahashi S, Shore N, Henry DH, et al.
Ann Oncol. 2012 May; 23(5):1341-7. Epub 2011 Oct 10.

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Devogelaer JP, Bergmann P, Body JJ, Boutsen Y, Goemaere S, Kaufman JM, Reginster JY, Rozenberg S, Boonen S, Belgian Bone Club.
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Genetic polymorphisms and other risk factors associated with bisphosphonate induced
Katz J, Gong Y, Salmasinia D, Hou W, Burkley B, Ferrera P, Casanova O, Langae TY, Moreb JS.
Int J Oral Maxillofac Surg. 2011 Jun; 40(6):605-11. Epub 2011 Mar 10.

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MeSH

- MeSH konu başlıkları ve alt başlıklara dair bir kelimedir.
- Her yıl, konu başlıkları eklenerek ve çıkarılarak değiştirilmektedir.
- Kapsam açıklamaları, terimin ifade ettiği anlamı göstermektedir.
- PubMed'deki ve kütüphane kataloglarındaki tüm yayın türlerinin konu içeriklerini açıklamak için kullanılır.

MeSH

- Geniş ve dar terimlerle birlikte terimlerin hiyerarşisi (MeSH Ağacı).
- Öğeler mevcut en özel MeSH terimiyle görüntülenir.
- MeSH'i kullanarak arama yaptığınızda özellikle de farklı yazım veya terimleri bilmiyorsanız yazım ve terimlerle yaşadığınız sorunların üstesinden gelmenize yardımcı olur.

MeSH

- Terimlerin anlamlarındaki tutarlılık zaman içinde korunmaktadır.
- Eş anlamlılar 1 MeSH terimi altında düzenlenmektedir.
- Hem özel hem de kapsamlı sonuçların elde edilmesine olanak sağlar.
- İlgisi bulunmayan aralığı azaltır.



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Nature. 2016.

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bit.ly/2fueh5c
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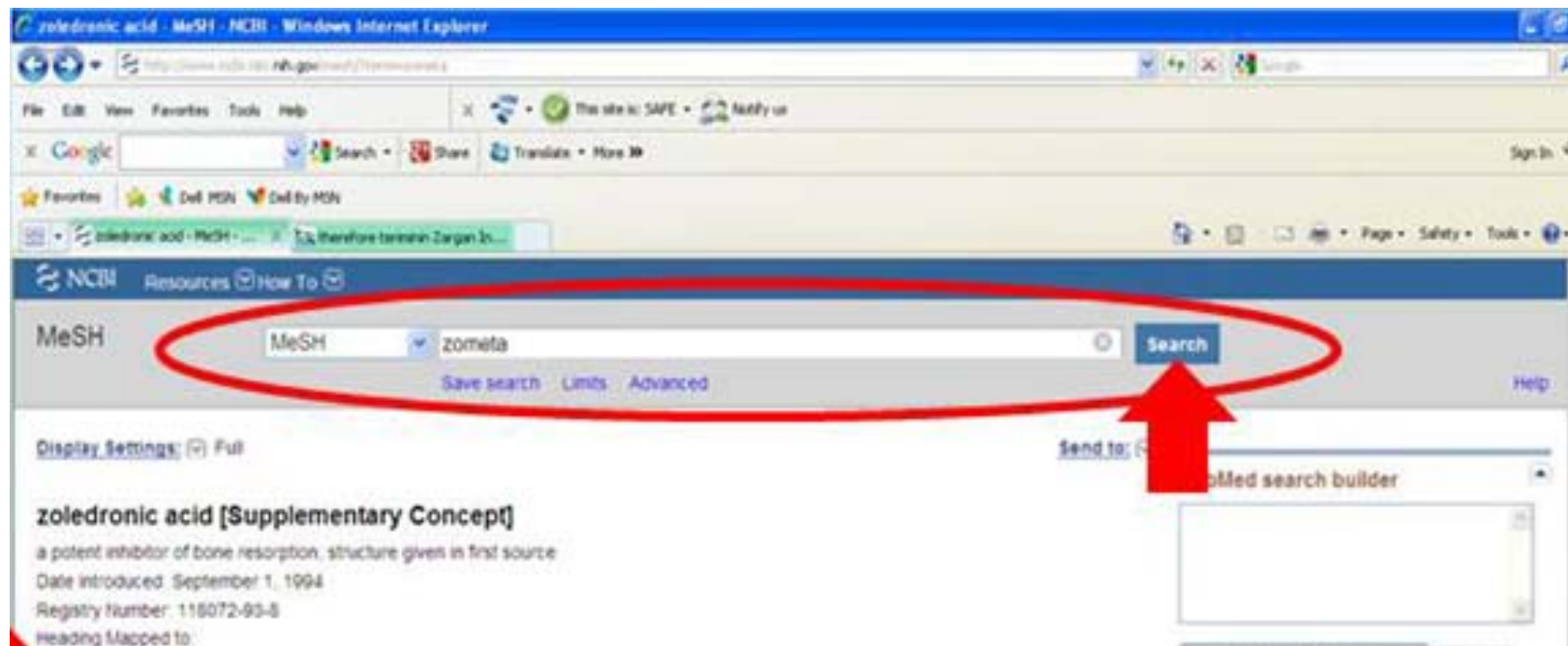
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Send to: Med search builder

zoledronic acid [Supplementary Concept]
a potent inhibitor of bone resorption, structure given in first source
Date introduced: September 1, 1994
Registry number: 116072-93-8
Heading Mapped to:



MeSH: örnek

Diphosphonates - MeSH - NCBI - Windows Internet Explorer

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Diphosphonates

Organic compounds which contain P-C-P bonds, where P stands for phosphonates or phosphonic acids. These compounds affect calcium metabolism. They inhibit ectopic calcification and slow down bone resorption and bone turnover. Technetium complexes of diphosphonates have been used successfully as bone scanning agents. Year introduced: 1977

PubMed search builder options

Subheadings:

<input type="checkbox"/> administration and dosage	<input type="checkbox"/> contraindications	<input type="checkbox"/> pharmacology
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Restrict to MeSH Major Topic.
 Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): D02.705.429.500

Entry Terms:

- Bisphosphonates

Previous Indexing:

Chemical and Therapeutic Substances (1971-1976)

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1. [Severe bullous hypersensitivity reactions after exposure to carbamazepine in a Han-Chinese child with a positive HLA-B*1502 and negative in vitro toxicity assays: evidence for different pathophysiological mechanisms.](#)
Elzagallaai AA; Garcia-Bourmissen F; Finkelstein Y; Bend JR; Rieder MJ; Koren G; Journal of population therapeutics and clinical pharmacology = Journal de la therapeutique des populations et de la pharamcologie clinique; 2011; 18(1); p. e1-9 
[Bulunabilirliği kontrol et](#)
2. [Immunosuppressive therapy in inflammatory ocular surface disease post Steven Johnson syndrome.](#)
Balkrishnan C; Sharma V; Vyas A; Indian journal of ophthalmology; 2011 Jan-Feb; 59(1); p. 69-70 
[Bulunabilirliği kontrol et](#)
3. [Diff-Quik cytologic recognition of Chlamydomydia psittaci in orolabial lesions of Stevens-Johnson Syndrome.](#)
Reyes CV; Acta cytologica; 2010 Sep-Oct; 54(5); p. 692-4 
[Bulunabilirliği kontrol et](#)
4. [Prevalence of cutaneous drug eruptions in adult Nigerians with HIV/AIDS.](#)
Salami TA; Asalu AF; Samuel SO; The Nigerian postgraduate medical journal; 2010 Jun; 17(2); p. 160-3 
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Eş anlamlılar Sözlüğü

Steven johnson

Terim ekleyerek ara: AND

0-9 A B C D E F G H I J K L M N O P

[Stevens-Johnson Syndrome](#) [Aramaya Ekle](#)

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Sorguya Ekle

[Aramaya Ekle](#) **Stevens-Johnson Syndrome**

Terim Ayrıntıları

Descriptor Data

Scope Note	A variant of bullous erythema multiforme. It ranges from mild skin and mucous membrane lesions to a severe, sometimes fatal systemic disorder. Ocular symptoms include ulcerative conjunctivitis, keratitis, iritis, uveitis, and sometimes blindness. The cause of the disease is unknown.
Annotation	a sometimes fatal form of erythema multiforme
Entry Terms	Stevens Johnson Syndrome

Bitti

DETAYLI ARAMA



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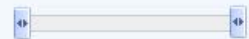
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1969 Publication Date 2009



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1. **Phacoemulsification in total white cataract with Stevens-Johnson syndrome.**

(eng; includes abstract) By Vasavada AR, Dholakia SA, Indian Journal Of Ophthalmology [Indian J Ophthalmol], ISSN: 0301-4738, 2007 Mar-Apr; Vol. 55 (2), pp. 146-8; PMID: 17322609

Subjects: Cataract complications; Phacoemulsification methods; Stevens-Johnson Syndrome complications; Adult: 19-44 years; All Adult: 19+ years; Male

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Adult: 19-44 years

Aged: 65+ years

Middle Aged: 45-64 years

All Child: 0-18 years

Aged, 80 and over

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Subject: Major Heading

Stevens-Johnson Syndrome complications

Corneal Diseases surgery

Cataract complications

Cornea

Eye Diseases etiology

Eye Diseases surgery

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Gender

3. [Cataract surgery in Stevens-Johnson syndrome.](#)

(eng; includes abstract) By Sangwan VS, Burman S, Journal Of **Cataract** And Refractive Surgery [J **Cataract** Refract Surg], ISSN: 0886-3350, 2005 Apr; Vol. 31 (4), pp. 860-2; PMID: 15899470

Subjects: Cataract Extraction; Conjunctival Diseases complications; Lens Implantation, Intraocular; Stevens-Johnson Syndrome complications

Database: MEDLINE

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4. [New grading system for the evaluation of chronic ocular manifestations in patients with Stevens-Johnson syndrome.](#)



(eng; includes abstract) By Sotozono C, Ang LP, Koizumi N, Higashihara H, Ueta M, Inatomi T, Yokoi N, Kaido M, Dogru M, Shimazaki J, Tsubota K, Yamada M, Kinoshita S, Ophthalmology [Ophthalmology], ISSN: 1549-4713, 2007 Jul; Vol. 114 (7), pp. 1294-302; PMID: 17475335

Subjects: Diagnostic Techniques, Ophthalmological; Eye Diseases diagnosis; Eye Diseases etiology; Severity of Illness Index; Stevens-Johnson Syndrome complications; Adult: 19-44 years; Aged: 65+ years; Middle Aged: 45-64 years; All Adult: 19+ years; Female; Male

Database: MEDLINE

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 Yazarin WOS'daki diger makaleleri

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5. [Ocular surface reconstruction with combination of cultivated autologous oral mucosal epithelial transplantation and penetrating keratoplasty.](#)

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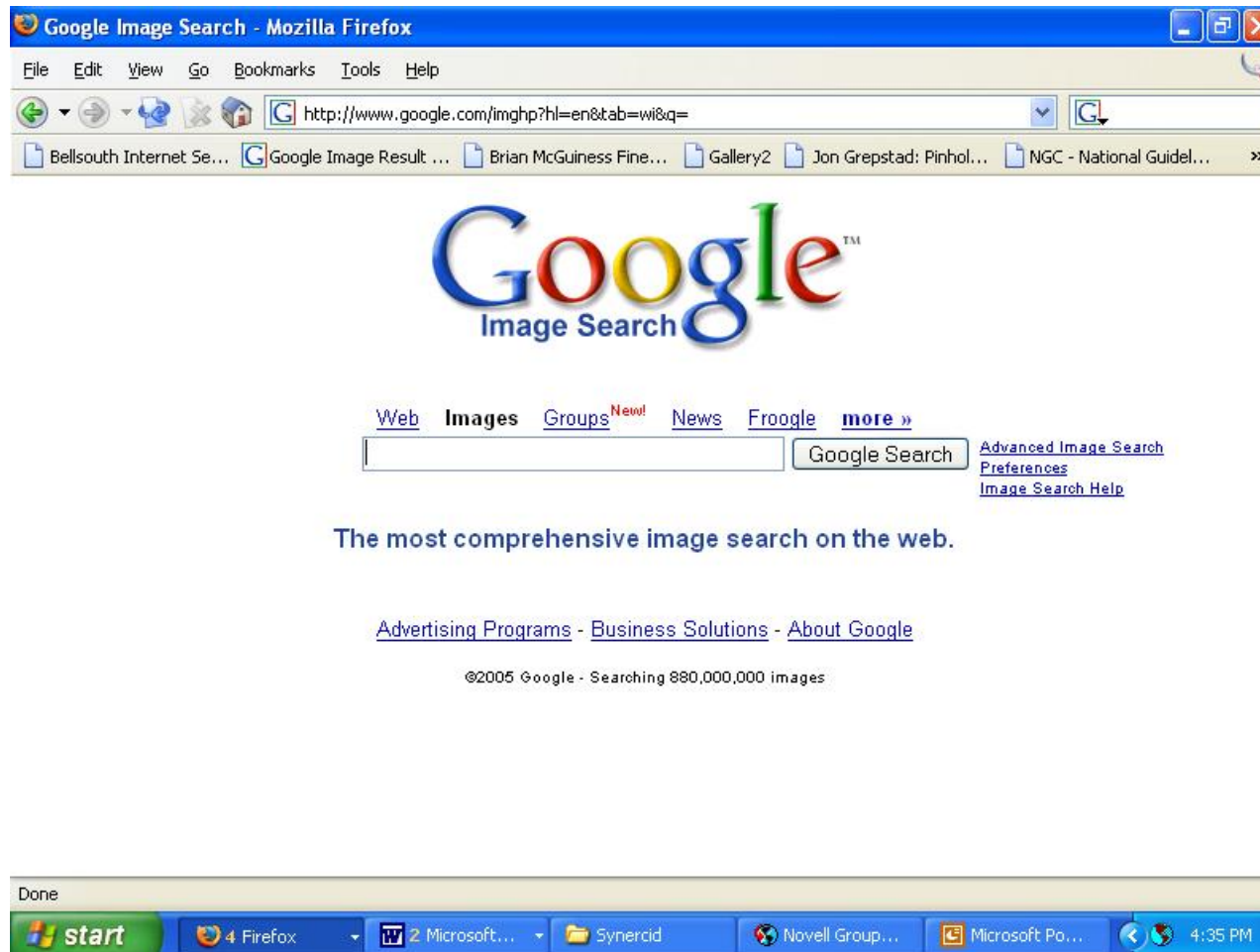
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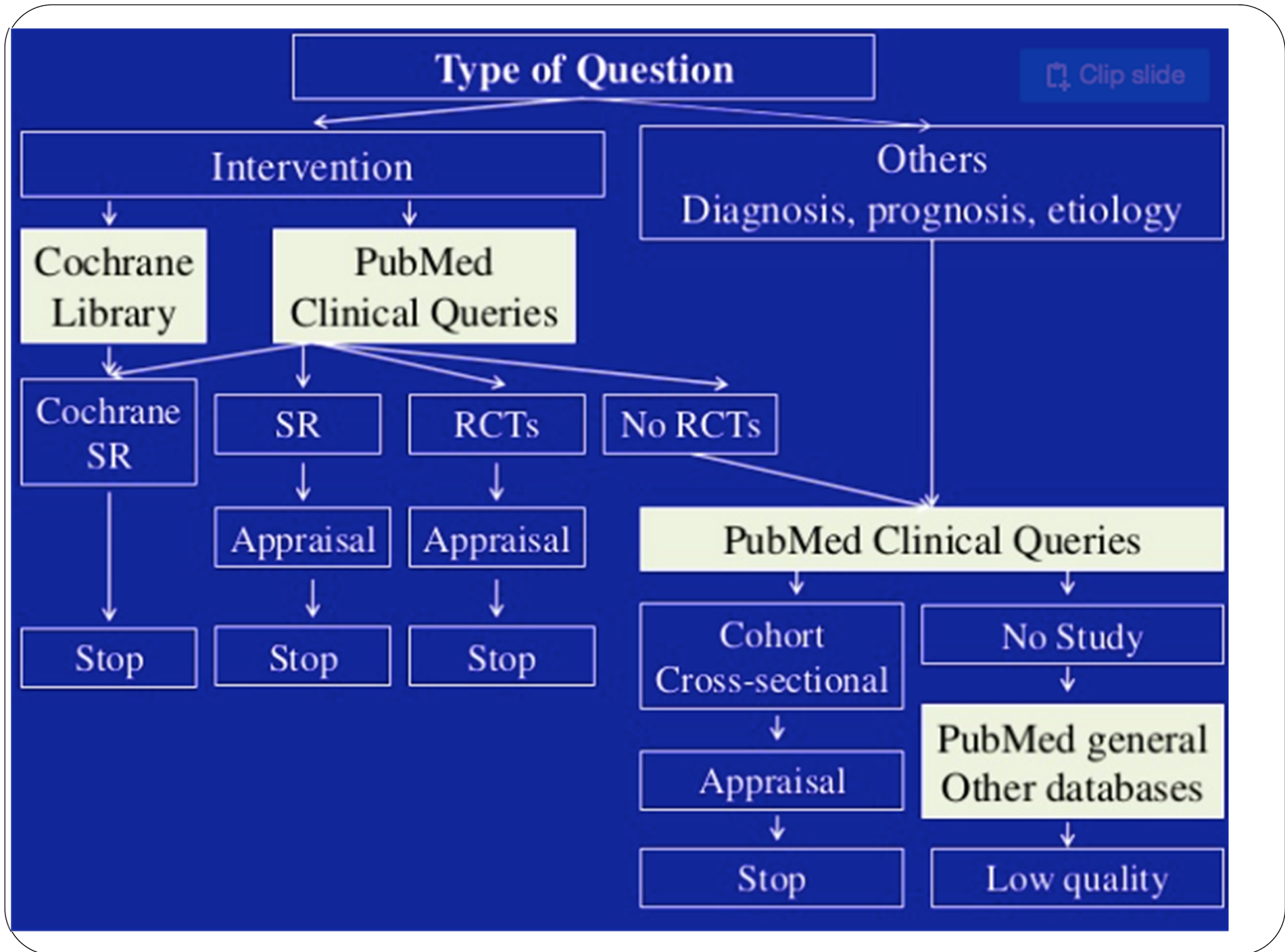


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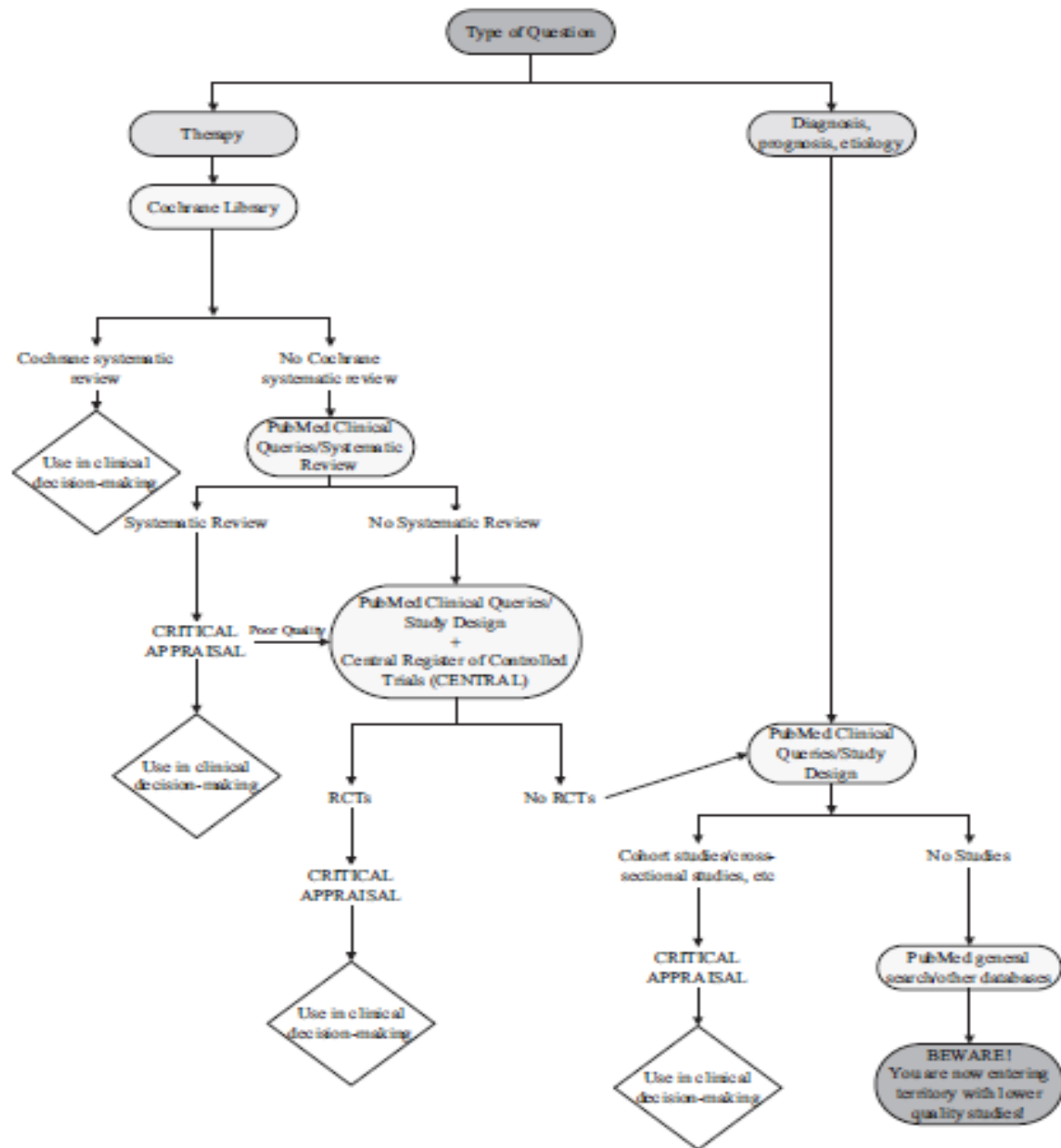
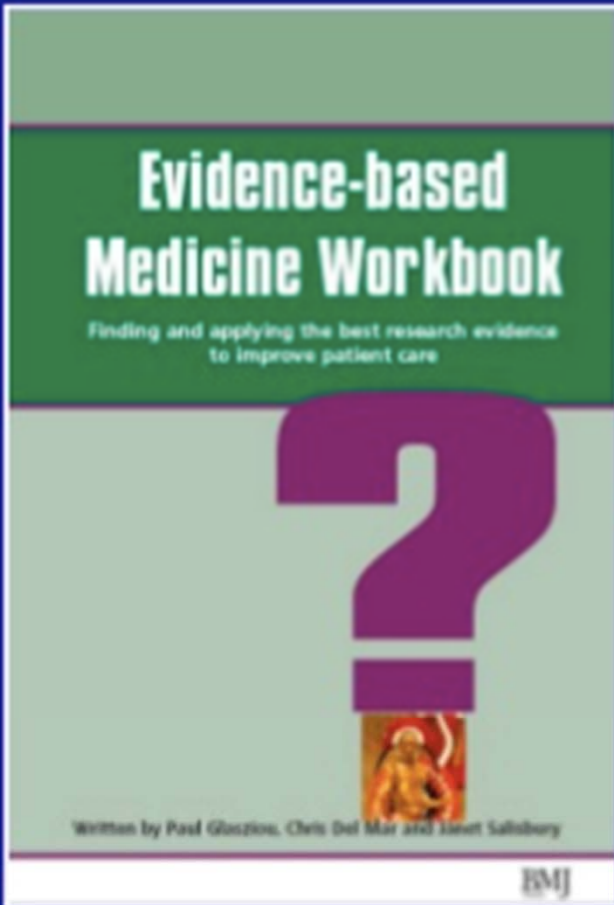
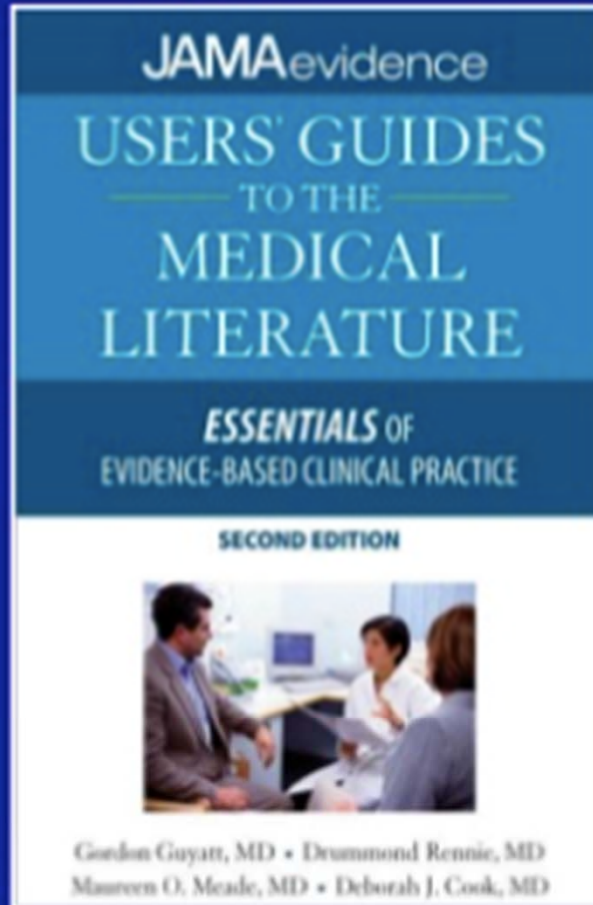


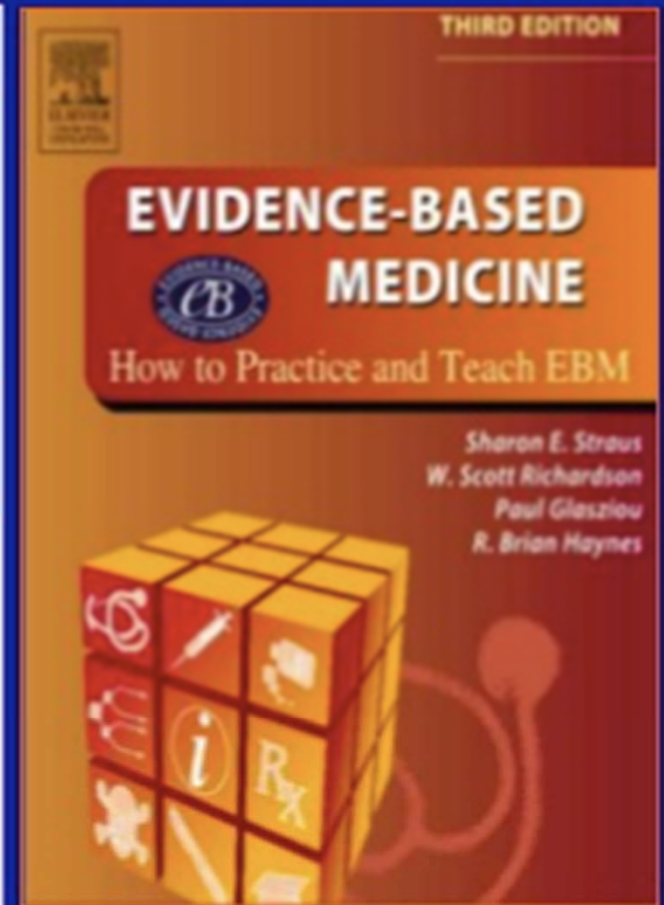
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2003



Mc Graw Hill
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