Abstract

Objectives: To evaluate the changes experienced by the amount of PSA in patients diagnosed with BPH undergoing retropubic adenomectomy (with vesico-capsule plasty) in the short and long term, and the relationships between weight and / or prostate volume calculated preoperatively, volumes and histology of the surgical tissue and residual tissue remaining immediate and on the long term. Methods: A consecutive series of 70 cases of BPH surgery and followed up beyond 5 years with preoperative PSA and transrectal ultrasound, histology of the piece, postoperative transrectal ultrasound, PSA annually until the fifth year and ultrasound. Within this group, residual prostate histology was obtained in 30 patients between 12 and 36 months after adenomectomy. Results: In accordance to our own confirmed studies, the ATH (transcervical hemostatic adenomectomy) removes by enucleation 76% of the entire volume reported by preoperative ultrasound, including capsule. In our cases, PSA has dropped 83% at one year after surgery compared with the preoperative value, and in most cases that have already reached 5 years of follow-up, this percentage remains with little variation. Having being established a strong relationship between PSA and glandular volume, we must evaluate the need for new cut-off values giving more value to the PSA density in relation to the volume of residual prostate, attempting to improve early diagnosis of carcinoma in these particular cases, in which will be useful a new protocol design. Conclusions: PSA decline, histology of the prostate after adenomectomy and the morphometric changes after surgery and at mid-term, advise a more accurate value of PSA in patients who underwent open surgery, in order to detect a carcinoma in the residual prostate gland.

Keywords

PSA and residual prostate, Retropubic adenomectomy, BPH.