

Transurethral Resection of Prostate for the Treatment of Advanced

Prostate Cancer and Bladder Outlet Infarction

Xiao Shenggui Huang Chenglin

Pangshui County Hospital of Traditional Chinese Medicine, Chongqing 409600, China

ARTICLE INFO

Article history:

Published online: 30th Sept, 2017

Key words: prostate cancer bladder combination therapy therapeutic effect

ABSTRACT

Objective: To investigate the feasibility of transurethral resection of prostate and the treatment of advanced prostate cancer and bladder outlet infarction, and to analyze the therapeutic effect. Methods: 34 patients with advanced prostate cancer admitted in our hospital from April 2014 to April 2014 were divided into control group (17 cases) with routine endocrine therapy. The study group (17 cases) underwent urethral resection surgery ^[1] combined with endocrine therapy, through the relevant indicators of prostate treatment were observed to explore the two groups of patients with therapeutic effect. Results: According to the related indexes of prostate treatment, the treatment effect of the study group was significantly better than that of the control group, and the data of the two groups were statistically significant (P <0.05). Conclusion: The treatment of advanced prostate cancer patients with endocrine combined with transurethral resection of the prostate can effectively treat the symptoms of bladder outlet infarction and improve the quality of life of patients. It has certain value in clinical treatment

1 Materials and methods

1.1 General information

Randomized from our hospital in April 2014 - April 2016 between the treatments of advanced prostate cancer patients 34 cases, all patients are accompanied by bladder outlet infarction symptoms. 17 patients

Corresponding author:

Huang Chenglin, Pangshui County Hospital of Traditional Chinese Medicine, Chongqing , E-mail: 547604443@qq.com

were included in the control group, aged between 62-85 years old, the average age was (76.4 ± 1.3) years; 17 patients were members of the study group, aged between 61 and 83 years, with an average age of (74.6 \pm 1.5) years; There was no significant difference between the two groups in general information such as age and condition, and no statistically significant (P> 0.05).

1.2 Treatment

The control group to implement routine endocrine therapy, the study group to implement endocrine combined with transurethral resection of the prostate surgery; postoperative left at the affected area of the three-chamber balloon catheter, 7 days after surgery can pull out the catheter, a week after surgery patients can receive the relevant endocrine therapy, transurethral resection of prostate surgery for the treatment of prostate cancer is not a great effect, mainly for the treatment of patients with bladder outlet infarction problem^[1-5].

1.3 Statistical analysis

The data were analyzed by SPSS18.8 statistical software. The count data were expressed by (%) and tested by X². The measurement data were expressed as $\bar{x} \pm s$, tested by T value, P <0.05 for comparison between the two groups differences were statistically significant.

2 Results

Surgical study group of patients with bladder outlet infarction has been significantly improved, the patient's residual urine output is also significantly better than the control group, the two groups of patients after comparison can be found, the difference between the data is more obvious, statistically significant (P < 0.05), the specific data are as follows:

Table 1 Two groups of patients before and after treatment of endocrine parameters comparison

Group	Number of cases	Prostate symptoms	Residual urine	Blood PSA
		score/ score	volume / ml	/ ngL-1
Control group	17	21.3±1.4	126.8±41.2	5.7±1.3
Study group	17	17.2±1.5	32.6±13.9	4.8±1.1

Note: Compared with the control group, * P < 0.05

Table 2 Comparison of survival rates before and after treatment in two groups [n (%)]

Group	Number of cases	Survival rate
Control group	17	15 (88.23)
Study group	17	13 (76.47)
P value	_	0.809

Note: Compared with the control group, * P> 0.05

3 Discussion

Early onset of prostate cancer is not obvious, resulting in patients with the best time to delay the treatment of advanced prostate cancer in the country has not yet cure the method, and so more treatment is in a stable condition, so that no longer deteriorated^[6-10]. After surgery the patients' the daily urine output was significantly improved, the remaining urine volume was significantly reduced, through the study group and the control group of patients observed that the transurethral resection of the prostate surgery, which will not affect the survival rate of patients, this methods in the early stage of prostate cancer and bladder outlet infarction symptoms of the clinical treatment is relatively effective, with a certain value to promote.

References

[1] Che Jianping, Huang Jianhua, Peng Bo, Xu Yunfei, Geng Jiang, Luo Ming, Xia Shengqiang, Liu Dan, Zheng Junhua. Transurethral Thymidine Laser Prostatectomy Combined with Androgen Blockade in the Treatment of Advanced Prostate Cancer with Bladder Outlet Obstruction [J]. Shanghai Medical Sciences, 2012, 05: 389-391.

[2] Ma Yan, Liu Di, Li Bing, Wang Longwang, Pan Feng, Zeng Fuqing. Transurethral Resection of the Prostate for the Treatment of Advanced Prostate Cancer with Bladder Outlet Obstruction [J]. Journal of Clinical Urology, 2013, 06: 450-452.

[3] Liu Lei, Hou Xiaofei, Ma Lulin, Zhao Lei, Zhang Hongxian. Late Prostate Cancer Bladder Outlet Obstruction in Patients with Palliative Transurethral Resection of the Prostate [J]. Peking University (Medical Sciences), 2015, 04: 597-600. [4] Wang Qiang, Wang Junqi, Guan Tongyu, Xu
Juejian, Sun Jiaqing, Li Wang, Chen Jiacun, Zheng
Junnian, Sun Xiaoqing. Treatment of advanced
prostate cancer complicated with bladder outlet
obstruction [J]. National Journal of Andrology, 2013,
19 (02): 184-185. [2017-09-19]. DOI:
10.13263/j.cnki.nja.2013.02.023

[5] Zhang Hui. Transurethral resection of prostate combined with intermittent endocrine therapy in the treatment of advanced prostate cancer [J]. The Chinese Journal of Human Sexuality, 2012,21(08):13-15. [2017-09-19].

[6] Song Shuqi, Lu Jianxin, Li Can, Gao Xiaosong, Liu Bing, Pang Ran, Zhang Yaqiang. Clinical characteristics and treatment of advanced prostate cancer [J]. Chinese Journal of Basic Medicine In Traditional Chinese Medicine, 2011,17(11):1229-1230. [2017-09-19].

[7] Liu Shuzhi, Zhang Jingren. Transurethral resection of prostate combined with castration for the treatment of 18 cases of advanced prostate cancer [J]. Chinese Journal of Misdiagnostics, 2010,10(31):7763-7764. [2017-09-19].

[8] Gao Wenhua, Xu Shi. Transurethral resection of prostate combined with endocrine therapy for advanced prostate cancer [J]. Jiangxi Medicine, 2014,49(08):692-694. [2017-09-19].

[9] Chen Zhanmin. Transurethral resection of prostate for lower urinary tract obstruction in patients with advanced prostate cancer [J]. Guide of China Medicine,2014,12(07):193-194. [2017-09-19]. DOI: 10.15912/j.cnki.gocm.2014.07.125

[10] Kang Jian, Shen Haibo, Zhang Liang, Bai Qiang, Chen Jianhua, Chen Fang, Qi Juan. Transurethral resection of prostate for treatment of advanced prostate cancer with bladder outlet obstruction [J]. Journal of Clinical Urology, 2007,(09):661-663. [2017-09-19].