

A prospective analysis of prostatic artery embolization as a primary treatment for BPH: a pilot study



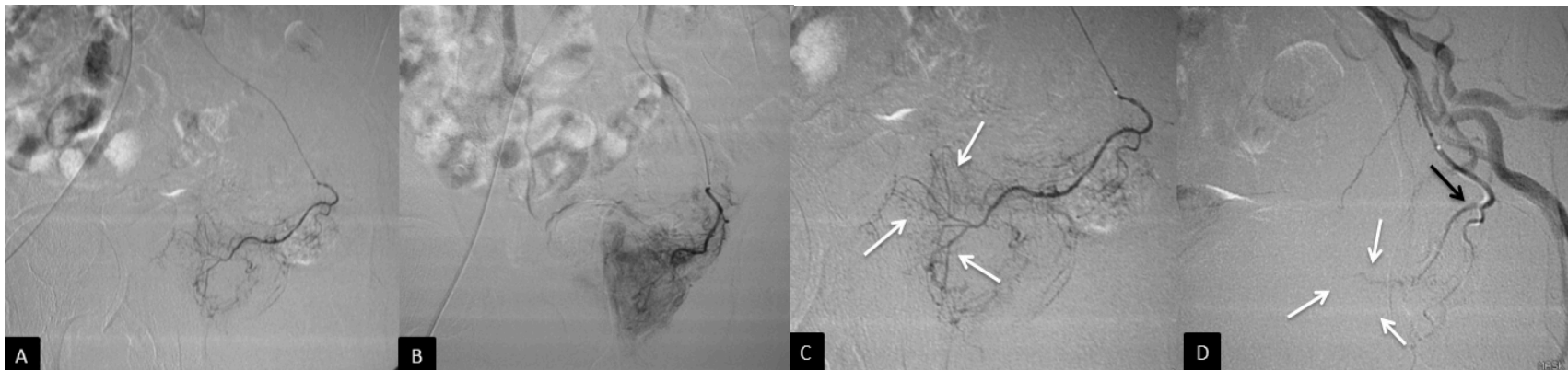
Joaquim M Motta-Leal-Filho, Alberto A Antunes, Francisco C Carnevale, Luciana M O Cerri, Ronaldo H Baroni, Antônio S Z Marcelino, Geraldo C Freire, Giovanni G Cerri, Miguel Srougi.*

Objective

Present the initial results of prostatic artery embolization (PAE) as a primary treatment for BPH in patients with acute urinary retention refractory to medical treatment.

Methods

- Prospective analysis from June 2008 to November 2010 of 11 patients;
- PAE: local anesthesia through the right transfemoral approach;
- Inclusion: Prostates 30 to 90g, AUR refractory to alpha-blockers.

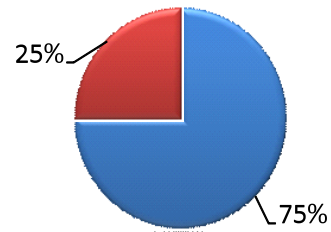


Results



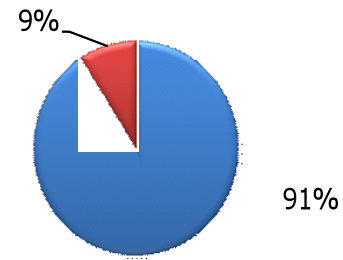
Technical Success = 75%

■ Bilateral PAE = 9 ■ Unilateral PAE = 3

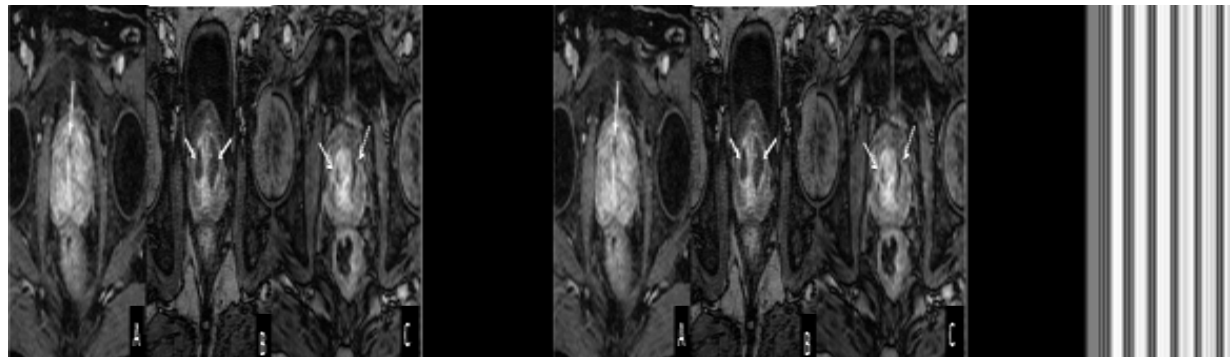


Clinical Success = 91%

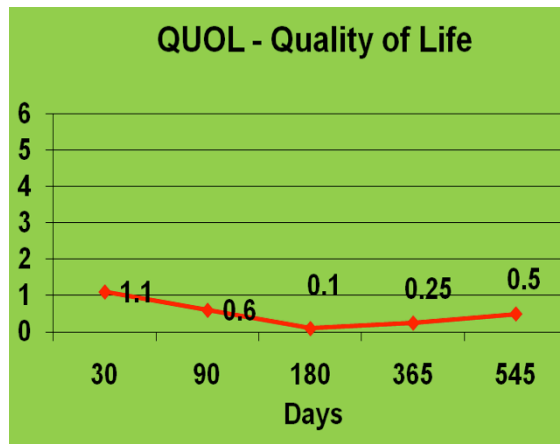
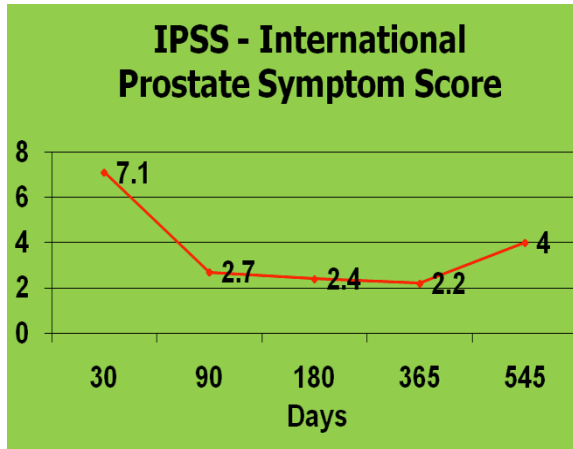
■ Bilateral = 7 + Unilateral PAE = 3 ■ Bilateral PAE = 1



Prostate Volume Reduction					
	1 Month	3 Months	6 Months	12 Months	18 Months
	10 cases	10 cases	9 cases	3 cases	2 cases
USG	27.3%	34.3%	36%	25.9%	29.6%
MRI	25.7%	29.7%	32.4%	24.6%	32.9%



Results



Complications

	Rate
Minimal rectal bleeding	3 / 27%
Hematuria	1 / 9%
Mild pain	
Perineal	4 / 45%
Supra-pubic	3 / 27%
Urethral	2 / 18%
Diarrhea	2 / 18%

Conclusion

BPH can be safely treated by PAE with low side effects rates and can reduce prostate volume by more than 30%. Larger studies with more data supporting PAE are necessary to validate our observations.