

## TURP OK FOR BPH IN PARKINSON DISEASE

A new study contradicts previous research that suggests transurethral resection of the prostate (TURP) in patients with Parkinson disease (PD) increases the risk of postoperative incontinence. “In PD patients with benign prostatic obstruction, TURP after failed pharmacological treatment may be successful in up to 70% and the risk of *de novo* urinary incontinence seems minimal,” says lead investigator Thomas M. Kessler.

Lower urinary tract disorders are common nonmotor symptoms of PD. In patients with no neurological problems, benign prostatic obstruction is usually treated with TURP if pharmacological therapy is unsuccessful. Reports suggesting that patients with PD were unsuitable for TURP might have been misleading, as some patients with multiple system atrophy incorrectly diagnosed as PD were included in earlier studies. The pathology of lower urinary tract symptoms differs between the two groups. “Therefore, our objective was to investigate the outcome of TURP in patients with a secure neurological diagnosis of PD,” Kessler comments.

The researchers retrospectively assessed data from 23 patients with PD (median disease duration 3 years, median age 73 years) presenting with voiding symptoms who underwent TURP for benign prostatic obstruction. Median follow-up was 3 years, at which time TURP was successful in 16 (70%) of the 23 patients. Postoperative catheterization was only required in 5 of the 14 patients who had an indwelling urinary catheter preoperatively. Continence was restored in 5 and improved in 3 of the 10 patients with preoperative urge incontinence.

“PD should no longer be considered a contraindication for TURP provided that preoperative investigations, including urodynamic assessment, indicate prostatic bladder outlet obstruction,” Kessler concludes.

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