

Recent Publications from Physicians at the Iris Cantor Men's Health Center:

Jamzadeh AE, Xie D, Laudano M, Seklehner S, Elterman DS, Shtromvaser L, Lee R, Kaplan SA, Te AE, and Chughtai B. Urodynamic characterization of lower urinary tract symptoms in men less than 40 years of age. *World Journal of Urology*. 2013 Jul 25. [Epub ahead of print].

Summary: Lower urinary tract symptoms (LUTS) in young men are becoming a more recognized urologic issue that can arise from many causes, each with their own management strategy. The purpose of this study was to determine the rates and types of voiding dysfunction causing LUTS in men under 40 years.

Chughtai B and Te A. BPH in 2012: Novel agents in treatment of BPH. *Nature Reviews Urology*. 2013;10(2):72-73.

Summary: During 2012, we have seen a number of significant updates in agents commonly used to treat benign prostatic hyperplasia (BPH). These agents include those previously used as phytotherapy for BPH, or for the treatment of other urological conditions including neurogenic bladder and erectile dysfunction.

Elterman DS, Chughtai B, Lee R, Kurlander L, Yip-Bannicq M, Kaplan SA, and Te AE. Comparison of techniques for transurethral laser prostatectomy: standard photoselective vaporization of the prostate versus transurethral laser enucleation of the prostate. *Journal of Endourology*. 2013;27(6):751-755.

Summary: Transurethral laser enucleation of the prostate (TLEP) using the potassium-titanyl-phosphate (KTP) laser offers an alternative technique to traditional photovaporization. The study objective was to determine the comparative efficacy between transurethral photovaporization of the prostate (PVP) with a TLEP technique using the 80W 532 nm KTP laser.

Chughtai B, Elterman DS, Lee R, Te AE, and Kaplan SA. Experience with the combination of dutasteride and tamsulosin in the long-term management of benign prostatic hyperplasia. *Therapeutic Advances in Urology*. 2012;4(5):267-272.

Summary: Lower urinary tract symptoms (LUTS) caused by benign prostatic hyperplasia (BPH) commonly affect older men. These bothersome symptoms can lead to a decreased quality of life. Currently, two classes of drugs - α -adrenergic blockers and 5α -reductase inhibitors - are prescribed to treat LUTS secondary to BPH. Due to their different mechanisms of action, these medications work in a synergistic manner. Trials of combination therapy have been conducted to assess its effect compared with monotherapy. Current data support combination therapy in men with moderately enlarged prostates and moderate to severe symptoms.

Elterman D, Chughtai B, Lee RK, Te AE, and Kaplan SA. Update on phosphodiesterase type 5 inhibitors for the treatment of lower urinary tract symptoms due to benign prostatic hyperplasia. *Reviews in Urology*. 2012;14(3-4):79-86.

Summary: Many aging men will experience both erectile dysfunction (ED) and benign prostatic hyperplasia (BPH), resulting in lower urinary tract symptoms (LUTS). Basic and clinical evidence suggests common pathogenic mechanisms underlying both LUTS and ED. Decreases in the nitric oxide-cyclic guanosine monophosphate (NO-cGMP) pathway with age result in decreased levels of intracellular cGMP and calcium, leading to diminished smooth muscle relaxation of the bladder and prostate and worsening LUTS. Phosphodiesterase type 5 inhibitors as monotherapy in combination with α -blockers have shown efficacy in treating both LUTS and ED. Tadalafil has recently been approved by the US Food and Drug Administration for the treatment of LUTS secondary to BPH, with or without concomitant ED.

Chughtai B, Lee R, Te A, and Kaplan S. Role of inflammation in benign prostatic hyperplasia. *Reviews in Urology*. 2011;13(3):147-150.

Summary: Inflammation of the prostate may represent a mechanism for hyperplastic changes to occur in the prostate. There are a variety of growth factors and cytokines that may lead to a proinflammatory process within the prostate. There are several proposed mechanisms that lead to both the intrinsic and extrinsic basis of inflammation. Prostatic inflammation may represent an important factor in influencing prostatic growth and progression of symptoms. This article reviews the recent literature on inflammation leading to chronic prostatic diseases, such as benign prostatic hyperplasia.