Dear Colleagues,

Lower urinary tract symptoms (LUTS) secondary to benign prostatic enlargement (BPE) are widespread in the elderly population and are one of the main causes for resorting to a urological examination.

The treatment of LUTS/BPE is certainly a successful story in the field of urology. Historically, open surgery was the only viable option for the BPE treatment, mainly reserved for the treatment of its complications. Ameliorations in surgical equipment and the advent of novel technologies increased progressively the use of (very) minimally invasive for the treatment of LUTS secondary to BPE. Moreover in recent years, the introduction of several different pharmacological treatments for LUTS/BPE has changed drastically our clinical practice. Six classes of drugs [alpha blockers (ABs), 5-alpha reductase inhibitors (5ARIs), phytotherapeutics, anti-muscarinics (AMs), beta-3 agonists and phosphodiesterase type 5 inhibitors (PDE5I)] are currently on the market alone or in combination for the treatment of LUTS/BPE patients, significantly modifying their management.

Therefore, this wealth of therapeutic options allows the urologist to tailor the most suitable treatment to each patient, such as a bespoke suit for each prostate. The downside is that all these alternatives can create uncertainty in the clinician on the choice of treatment and false expectations in the patient, often attracted by the latest news on the market rather than by the one most suitable for its characteristics.

The purpose of this special issue of the journal is to help our readers to better navigate this maze, in order to better define the position of each treatment in the armamentarium of therapies for LUTS/BPE and to better define the subgroups of patients who will benefit most from them.

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