

## Bölüm 36

# BENİGN PROSTAT HİPERPLAZİSİNE YAKLAŞIM VE YÖNETİM

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### GİRİŞ

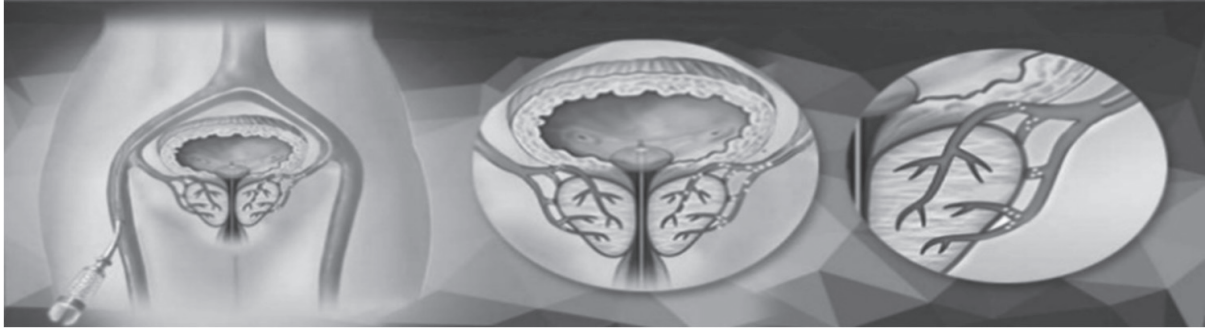
Benign prostat hiperplazisi (BPH), sıklıkla yaşlı erkeklerde görülmekle beraber; özellikle 50 yaş ve üzerindeki erkeklerde görülme sıklığı artmıştır. Artan yaşla birlikte prevalansı da artmaktadır (1,2,3). BPH fizyopatolojik olarak üretrayı daraltıp mesane çıkımındaki direnci artırmaktadır (4). Sonuç olarak Alt Ütiner Sistem Semptomları (LUTS) adı verilen; artmış gündüz işeme sıklığı, sıkışma, noktüri, zayıf idrar akımı, duraksayarak işeme, işeme sonrası damlama, idrar boşaltımının tam olmaması gibi şikâyetler görülmektedir(5). Bu şikâyetler hastaların yaşam kalitesinin bozulmasına ve bunun yanında cinsel yaşamının olumsuz etkilenmesine neden olmaktadır(6). Bundan 20 yıl önce BPH tedavisinde cerrahi müdahale sık uygulamakta iken, ilaç endüstrisindeki gelişmelerle birlikte tıbbi tedavi daha ön planda uygulanabilir hale gelmiştir. (7,8).

### PATOFİZYOLOJİ

BPH; prostatın epitelyal ve stromal dokularının hücrelerindeki artışla karakterizedir. Bu hücre artışı sıklıkla prostatın transizyonel zonundan kaynaklanmaktadır (**Şekil 1**) (4,9). Hiperplaziye uğrayan bu dokular prostatik üretrada obstrüksiyona neden olmakta, mesane çıkım obstrüksiyonu yapmakta ve mesanenin detrusör kasında irritasyona yol açarak ve mesane çıkımındaki direnci artırmaktadır (10). Ve tüm bu olayların sonucunda yukarıda belirtilen alt üriner sistem semptomları ortaya çıkmaktadır. BPH gelişiminin etyolojisi kesin olarak ortaya konulamamakla birlikte hormonal, metabolik ve inflamatuvar mekanizmalardan kaynaklandığı düşünülmektedir (11).

Yapılan çalışmalar kardiyovasküler hastalık ve metabolik sendrom tanılı erkeklerde BPH'nın aynı yaş grubundaki diğer erkeklere oranla daha fazla görülmesi metabolik mekanizmaları desteklemektedir (12). Bunun yanı sıra aterosklerotik vasküler hasarın mesane ve prostatı besleyen pelvik damarları etkilediği tespit edilmiştir. Deneysel çalışmalarda hipoksik prostat doku kültürlerinde büyüme faktörlerinin arttığı tespit edilmiştir (13). Buna ilaveten, BPH'lı prostat dokusundan elde edilen doku kültürlerine uygulanan nitrik oksit üreten ilaçlarla prostatta kan akışının ve doku perfüzyonunun arttığı, düz kas gevşemesine yol açtığı, mesanede detrusör kasılmalarını azalttığı ve bu hücrelerde antiproliferatif bir etki gösterdiği görülmüştür (14).

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Şekil 15. Prostatik arter embolizasyonu.

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