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Editorial

Current consensus and controversies on male LUTS/BPH (part one)

It is an honor to be the guest editor of this special issue on Current Consensus and Controversy on Male Lower Urinary Tract Symptoms (LUTS)/Benign Prostatic Hyperplasia (BPH). As the title implies, one can write on a wide range of topics related to this urological problem that is common worldwide.

I am confident that many authors who contributed in this issue will help provide a better perspective and hopefully point the directions for future research and further improve on the care of our patients with this disorder in our aging society.

This issue covers the latest evidence available in the field from epidemiology, etiology to pathophysiology as well as the latest developments in the treatment of the disease, including conservative management, medical treatment and surgical treatment encompassing minimally invasive techniques. Prof. Louis Denis, who was the Chairman of the 5th International Consultation on BPH (2001), and his colleague Prof. Johan Braeckman, kindly contributed the introductory chapter on "Management of BPH then 2000 and now 2016" [1]. This is followed by an article which discusses the epidemiology [2] and possible etiology of clinical BPH [3], including the role of inflammation [4] and association of metabolic syndrome [5] with clinical BPH.

Based on fundamental principles, scientific evidence and clinical observations, the disease clinical BPH can be defined as prostate adenoma/adenomata causing a varying degree of obstruction, with or without symptoms. The diagnosis of clinical BPH can then be made using non-invasive transabdominal ultrasound to measure the intravesical prostatic protrusion (IPP) and uroflowmetry [3,6]. The disease clinical BPH can then be differentiated from other causes of male LUTS, allowing treatment to be directed towards treating the disease rather than the symptoms. Furthermore, clinical BPH can be phenotyped according to the IPP and prostate volume for prognosis. The severity of BPH can be staged according to the degree of obstruction affecting the functions of the bladder and kidneys, and patients' quality of life [3]. Treatment ranging from lifestyle counseling [7], medical therapy [8,9] to surgical procedures [10] can then be individualized and personalized for management of the patient as a whole [3]. This would be in line with the fundamentals of good clinical practice in real life.

I would like to thank the authors who have contributed to this issue and subjected their articles to critical review. I am grateful to the reviewers for contributing their time and effort to improve the articles. In scientific writing, there is always room for improvement, even though you may be the expert in the field.

I personally learned much from writing and guest editing this special issue on male LUTS/BPH. It has given me a better insight and perspective, and I hope the reader will benefit from and enjoy reading the articles as much as I have.

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