Is prostatic artery embolization a relevant treatment after a failed alpha-blocker monotherapy?

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Sapoval et al. compared prostatic artery embolization (PAE) versus combined medical therapy for benign prostatic hyperplasia treatment.[1] PAE provided a better IPSS improvement with less sexual side effects. These results have to be interpreted cautiously while bearing the following points in mind:

1. It is well known that dutasteride induces sexual side effects,[2] meaning that patients willing to avoid them are not likely to receive the treatment, making this comparison somehow irrelevant.
2. At least 6 months are required for dutasteride to show a significant therapeutic effect, with an increasing efficacy during the following 2–4 years.[2] This study was biased as the treatment modifications were allowed after 9 months, which was way too soon for dutasteride to reach its full potential.
3. Surgery is the current standard in case of failed alpha-blocker treatment. Studies comparing PAE with surgery concluded that PAE was inferior in terms of efficacy.[3] PAE should be considered as an alternative to other minimally invasive treatments (i.e. Urolift, Rezum...) which offer similar results[4,5]; even though, retreatment rates of PAE were high (43% at 24 months) compared to Urolift and Rezum (13.6% and 5.2% retreatment rates at 5 years and 4 years respectively[4,5]).

The question addressed by Sapoval et al. was relevant in 2016, but not anymore in 2023. Many minimally invasive treatments have emerged offering urinary symptoms improvement while preserving sexual function.[4,5] The real question today is how to position PAE among other minimally invasive techniques.

Declaration of interests

S Lebdai: proctor for Teleflex (honorarium for 2 educational events) and for Boston Scientific (honorarium for 1 educational event).

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