



Letter to the editor

Int Neurorol J 2021;25(4):364-364

<https://doi.org/10.5213/inj.2142036.018>

pISSN 2093-4777 · eISSN 2093-6931



Commentary on “Changes in Prevalence and Treatment Pattern of Benign Prostatic Hyperplasia in Korea”

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To the editor,

We have carefully read the article published in *International Neurourology Journal* by Jo et al., and their findings are indeed interesting [1]. This article is one of the few reports that has addressed the issue of treatment patterns of benign prostatic hyperplasia (BPH) in South Korea. The authors evaluated the treatment pattern of BPH, including the types of surgery performed [1]. In their study, between 2012 and 2016, transurethral resection of the prostate (TURP) was the most commonly used surgical treatment for BPH (53.6%), but it showed a decreasing pattern over time, whereas holmium laser enucleation of the prostate (HoLEP) showed an increase from 19.4% to 39.7% [1]. Indeed, HoLEP is a minimally invasive procedure for lower urinary tract symptoms suggestive of BPH, unlike TURP [2]. However, HoLEP does also carry a risk of postoperative complications, including urethral stricture, incontinence, retrograde ejaculation, and bladder neck contraction [3]. Over recent years, novel minimally invasive surgical treatments (MISTs) such as the prostatic urethral lift (Urolift system), connective water vapor energy (REZUM system), and Aquablation (Aquabeam system) have entered into the field of BPH treatment. MISTs aim to be effective, ideally to be performed in an outpatient setting under only local anesthesia, and to offer more favorable safety results than existing techniques. Considering those potential benefits from MISTs, we believe that the adoption of these procedures for BPH is reasonable because one of the key topics of future medical practice is patient-centered

quality of medical care, encompassing safe and MISTs. We hope that the authors will conduct a future study on changing treatment patterns for BPH after 2016, and we await the results that the proportion of MISTs is increasing in BPH surgery.

• **Conflict of Interest:** No potential conflict of interest relevant to this article was reported.

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Submitted: February 7, 2021 / **Accepted after revision:** February 22, 2021



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