ABSTRACT

Background: Benign prostatic hyperplasia (BPH) is the common benign tumor in men more than 50 years of age. 5 α reductase inhibitors like Finasteride and Dutasteride are commonly used in the medical management of BPH due to its prostatic volume reduction properties secondary to inhibition of the androgen Dihydro-testosterone. Studies have reported that short course of preoperative Finasteride reduces the peri-operative blood loss following TURP for BPH. But this is not practiced widely. Therefore we conducted this study to evaluate the effect of finasteride on intra-operative and postoperative blood loss following TURP, which could resolve some of the controversies over the use of this drug.

Methods: one Hundred patients undergoing TURP for BPH were randomly allocated in to two groups with 50 patients in each group. Group A patients received tablet finasteride 5 milligram once a day 2 weeks prior to surgery and group B patients received only placebo. Intraoperative blood loss, post operative hemoglobin, PCV drops and operative time, resected tissue weight and tissue microvessel density was assessed. Post operative follow-up was done at one month maximum urinary flow rate and IPSS score was assessed.

Results: The demographic parameters were comparable in two groups. The mean hemoglobin drop in group A & B was 1.7 and 2.8 grams respectively. The mean operative time and resected tissue weight in both group A &B were 46 minutes, 27.7 grams & 53 minutes, 24.1 grams respectively. In finasteride group there was significant reduction of Intraoperative blood loss, microvessel density and post operative complications like clot retention, need for blood transfusion and urinary tract infection.

Conclusion: preoperative short course finasteride therapy definitely reduces the peri-operative blood loss following TURP for BPH.

Key words: Finasteride, benign prostatic hyperplasia, Peri-operative blood loss.