The authors have to be applauded for their effort to confirm, for the first time in the literature, the growing clinical data on the functional outcome of so-called photoselective vaporization of the prostate (PVP)—or Greenlight laser vaporization—by presenting thorough urodynamic studies at baseline, 3 mo, and 12 mo in 45 patients with lower urinary tract symptoms (LUTS) [1].

This fundamental body of evidence comes in late, considering the fact that to date approximately 300,000 Greenlight procedures have been performed worldwide. Objective studies like this one, preclinical work [2], and controlled randomized trials [3,4] to evaluate the merits of this hastily emerging ablative technique in the treatment of LUTS are scarce, and badly needed.

Specifically, this paper deserves recognition because flow–pressure studies are the only tool to accurately verify desobstruction. Greenlight laser vaporization, albeit performed with the earlier 80-W version, achieved substantial urodynamic desobstruction, significantly reducing detrusor pressure at Qmax and urethral opening pressure, both by approximately 50% at 3 mo and 12 mo. Consequently, the Schafer obstruction grade could be reduced significantly as well. Of particular note, nocturia, often responding poorly to ablative procedures, was reduced significantly from 3.5 at baseline to 1.2 at 12 mo, which is very meaningful clinically.

Finally, tests of detrusor wall thickness have recently been validated as a noninvasive approach to evaluate bladder outlet obstruction in men [5]. In the future, in larger cohorts, this simple test, as well as other non-invasive techniques, might help to assess the degree of desobstruction by Greenlight laser vaporization.

References


DOI: 10.1016/j.eururo.2008.05.004
DOI of original article: 10.1016/j.eururo.2008.05.003