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**“Current achievements and future perspectives in  
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# **BOOK OF ABSTRACTS**

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# Therapeutic approach in the treatment of benign prostatic hyperplasia

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## **Abstract**

Prostate (*glandulae prostatae*) is a small gland, part of the reproductive system in males, shaped like a chestnut or pyramid little flat front to back. The dimensions of the prostate gland show an age and individual differences. By the age of puberty, the prostate develops slowly and has a small footprint. At puberty it began to grow rapidly to 17 years and reaches its final shape and size with weight around 20 gr.

Benign prostatic hyperplasia (BPH) or even also called nodular or stromal hyperplasia, is very common abnormality of the prostate. It is present in a significant number of men around 40 years of age, and its incidence increasing with age. Prostatic hyperplasia is characterized by proliferation of the stromal and epithelial elements leading to an increasing of the gland and, in some cases, to urinary obstruction. Significant clinical features are associated with BPH symptoms in the lower urinary tract (LUTS).

In patients, diagnosed with benign prostate hyperplasia, depending on the severity of symptoms, the risk of progression and morbidity determination and type of the therapy prescribed (monitoring, drug treatment or surgical intervention ) is important next step after diagnosis. In individuals with mild to moderate uncomplicated symptoms of BPH only drug therapy can be applied. The most commonly used are alpha - 1 - blockers and inhibitors of 5 - alpha reductase. Combination of these drugs reduces the symptoms of BPH better and faster than these two drugs applied individually. Herbal preparations can be used as a supplementary therapy.

## **Keywords**

alpha – 1 – blockers, 5- alpha reductase, herbal drugs, prostate.