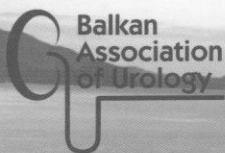




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ABSTRACT BOOK

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CONCLUSION

Although it has been proposed as biomarker for several cancers, this is the first time that KNG1 has been associated with prostate cancer as well. The diagnostics accuracy of KNG1 in urine was lower than PSA accuracy, but their combination yielded improved diagnostic accuracy and warrant further investigation.

P03 PREDICTION OF ADVERSE EFFECTS IN PATIENTS WITH BENIGN PROSTATIC HYPERPLASIA TREATED WITH 5 ALPHA REDUCTASE INHIBITORS

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Five alfa reductase inhibitors (5ARI) are widely used for treatment of benign prostatic hyperplasia (BPH) as they have a positive impact on the reduction of prostate volume and PSA levels, but also lead to adverse effects: erectile dysfunction, depressed mood and gynecomastia, which make the post 5ARI syndrome. The basis of its occurrence is the inhibition of 5 alpha reductases and blocking the biosynthesis of powerful neurosteroids from their precursor dehydroepiandrosterone and the conversion of testosterone to dihydrotestosterone. The aim of this paper is to show the significance and role of the dehydroepiandrosterone in patients with BPH who are on 5ARI therapy as an important predictor of post-5ARI syndrome. We made a comparative prospective analysis of 222 patients with BPH, of which 110 belong to the control group and were treated with alpha blocker (tamsulosin) and the remaining 112 patients were on combination therapy, alpha blocker and 5 ARI (dutasteride). In both groups of patients in the interval of 6 months over a year, the symptoms of lower urinary tract, erectile function index, and Beck depression index were analyzed with simultaneous monitoring of serum levels of testosterone and dehydroepiandrosterone. We concluded that post-5ARI syndrome, erectile dysfunction, and mood disorders appeared in 20 patients (19%) of the 5-ARI group, while no control group patients showed any such disorders in the control group. They were in correlation ($r=89$) with initially low levels of dehydroepiandrosterone and testosterone in patients with BPH before initiation of therapy.

Key words: BPH, erectile dysfunction, depression, dehydroepiandrosterone