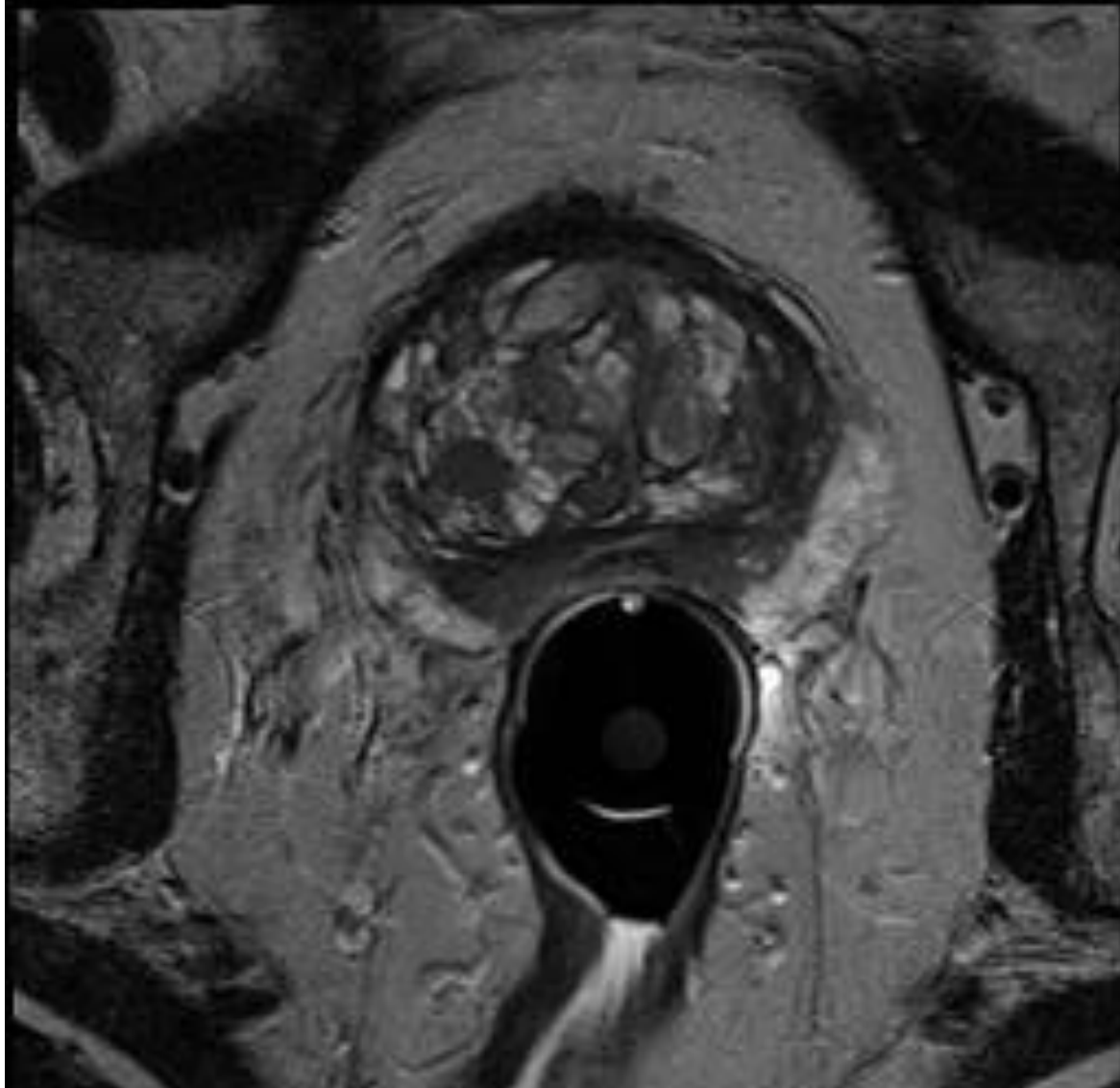


Embolisation des adénomes de la prostate

- M Sapoval, 0156093741
- N Thiounn, C Dariane , G Amouyal, O Pellerin
- Urologie et Radiologie Interventionnelle
 - Pompidou Hospital ,
 - Paris France

Adénome de la prostate



Comment injecter ?

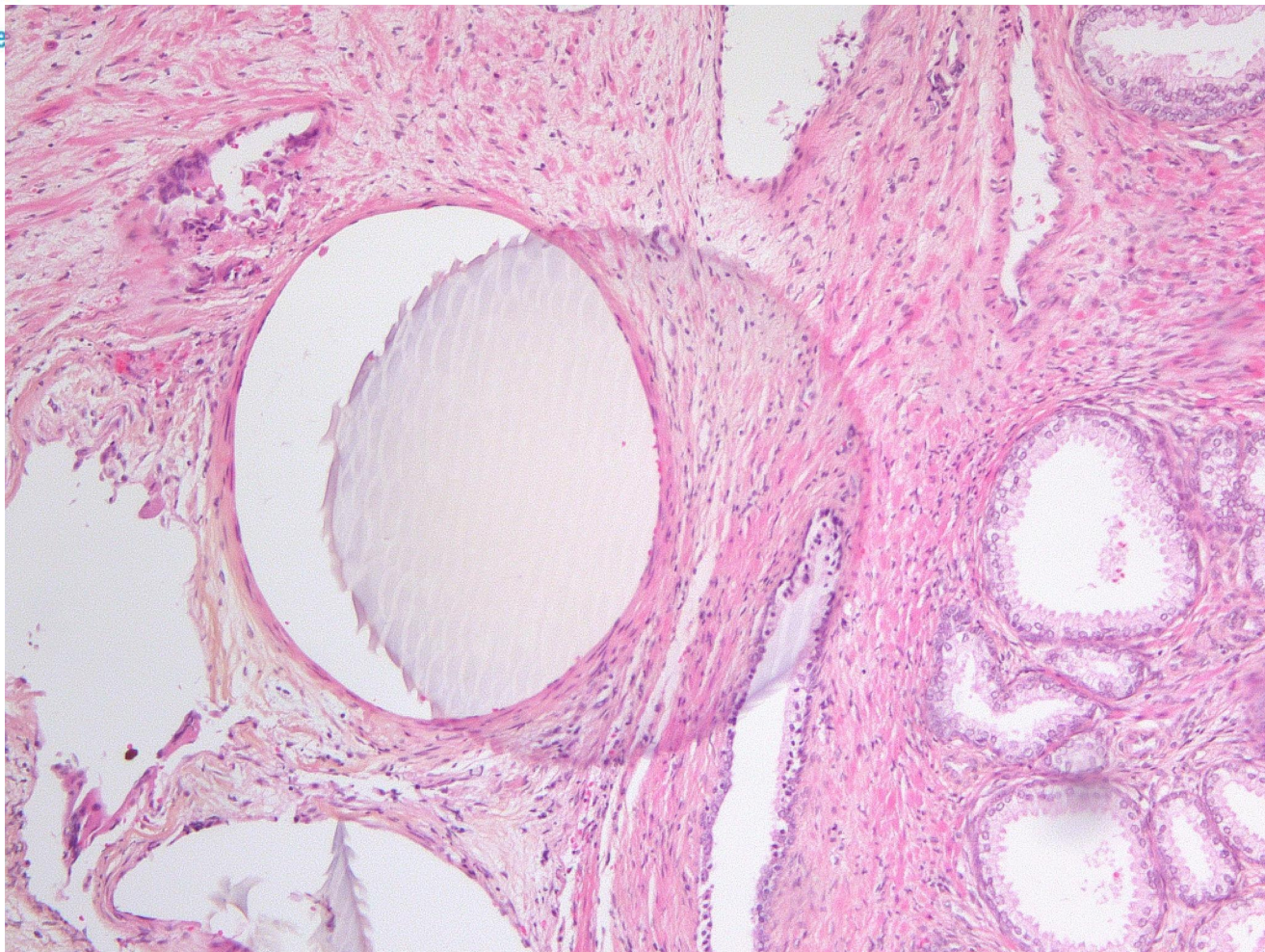
Particules diluées



Seringue 1 ml
pour l'injection

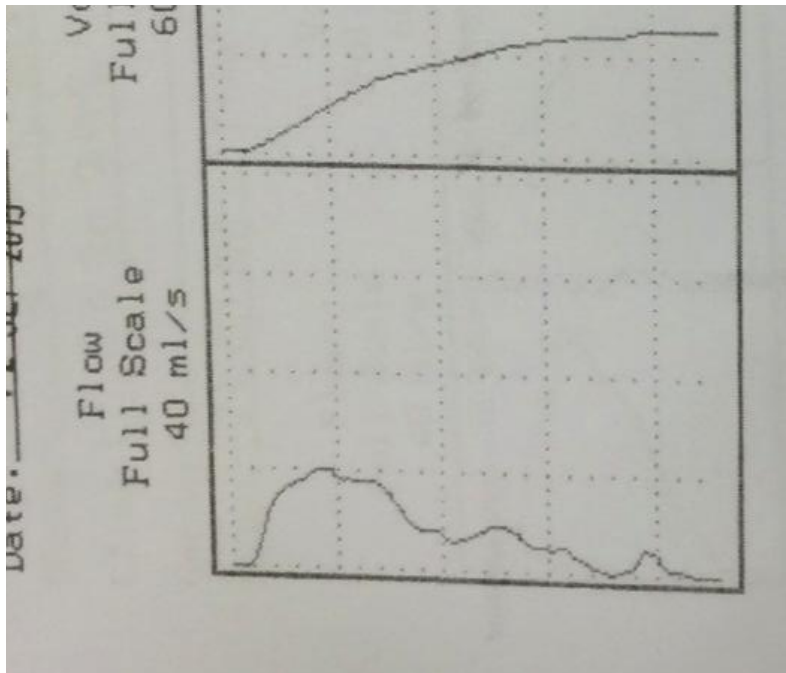
Left PA: Proximal embolization



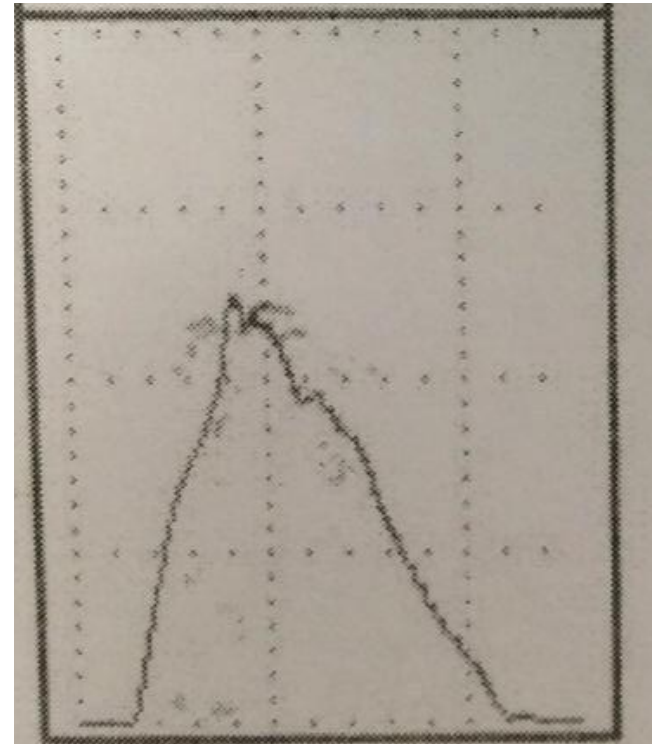


Flow max

Hôpital européen Georges-Pompidou

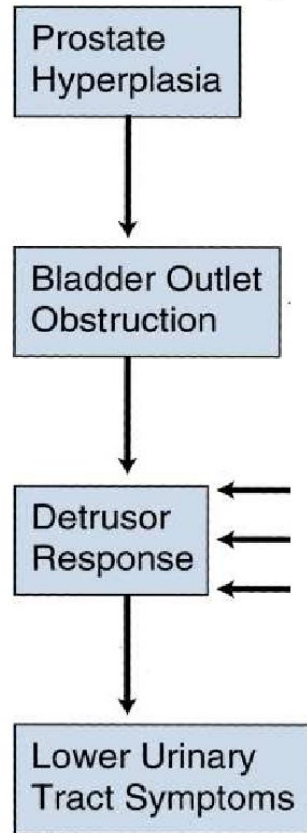


Flat curve



Normal is > 15 ml/sec (valid only if voiding > 150 ml)

Pathophysiology of BPH



Harcharan Gill, MD
Stanford University

The Effects of Combination Therapy with Dutasteride and Tamsulosin on Clinical Outcomes in Men with Symptomatic Benign Prostatic Hyperplasia: 4-Year Results from the CombAT Study

Claus G. Roehrborn ^{a,*}, Paul Siami ^b, Jack Barkin ^c, Ronaldo Damião ^d, Kim Major-Walker ^e, Indrani Nandy ^e, Betsy B. Morrill ^e, R. Paul Gagnier ^e, Francesco Montorsi ^f
on behalf of the CombAT Study Group

EUROPEAN UROLOGY 57 (2010) 123-131

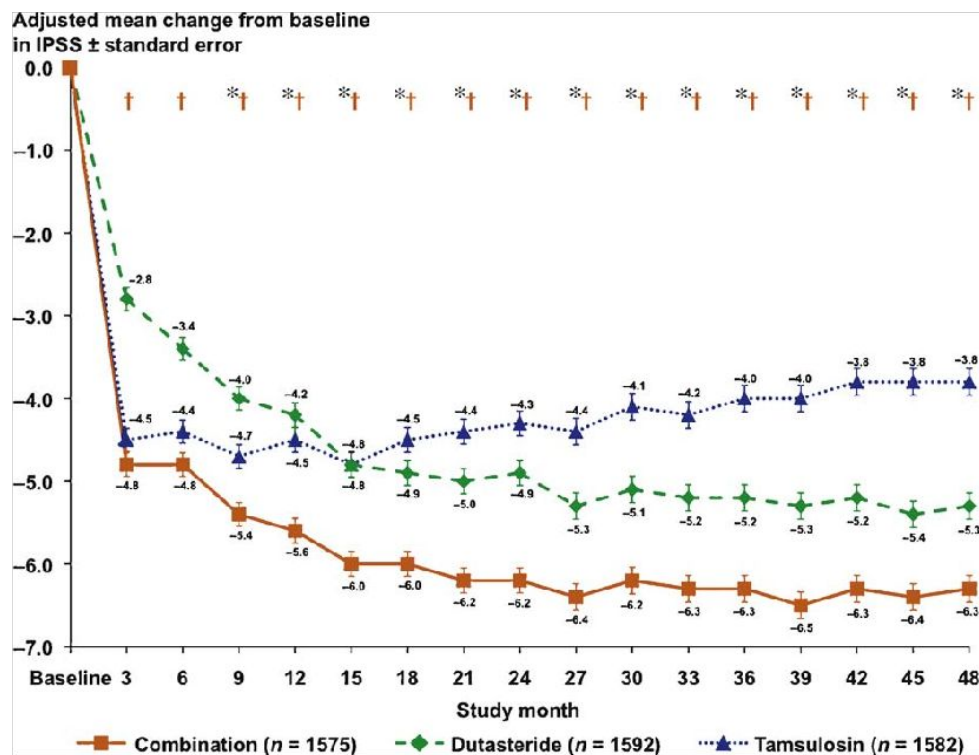
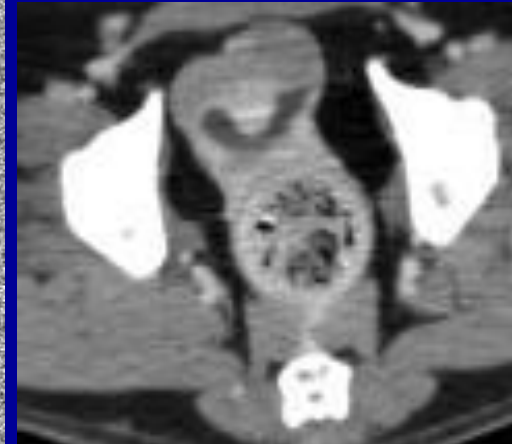
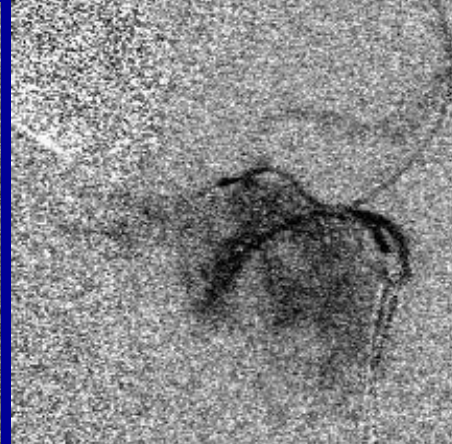
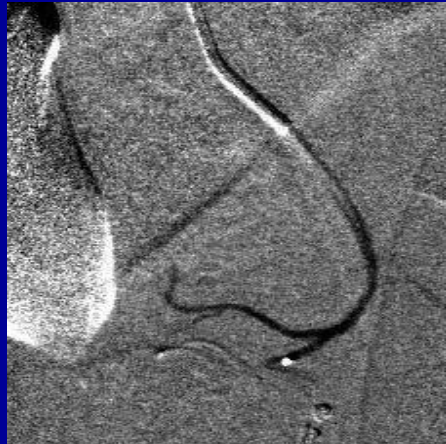


Fig. 4 – Mean adjusted change in International Prostate Symptom Score (IPSS; plus or minus standard error) from baseline by visit and treatment group.
**p* < 0.001 for combination versus tamsulosin.
†*p* < 0.001 for combination versus dutasteride.

Resection Trans uréthrale (RTUP)

- Amélioration des symptômes de 70 %
- A 2 years IPSS + 12
 - Q max + 120 %
- Suite opératoires
 - Foley irrigation 2 days
 - Hospital stay 2-3 days
- Complications
 - morbidity 10 % (bleeding, infection...)
 - Transfusion 3 %
 - Ejaculation retrograde > 70 % des patients

- Experimental study with dogs in Boston 2007
- Featured Abstract SIR 2008
 - Feasibility, in safety and efficacy of PAE.



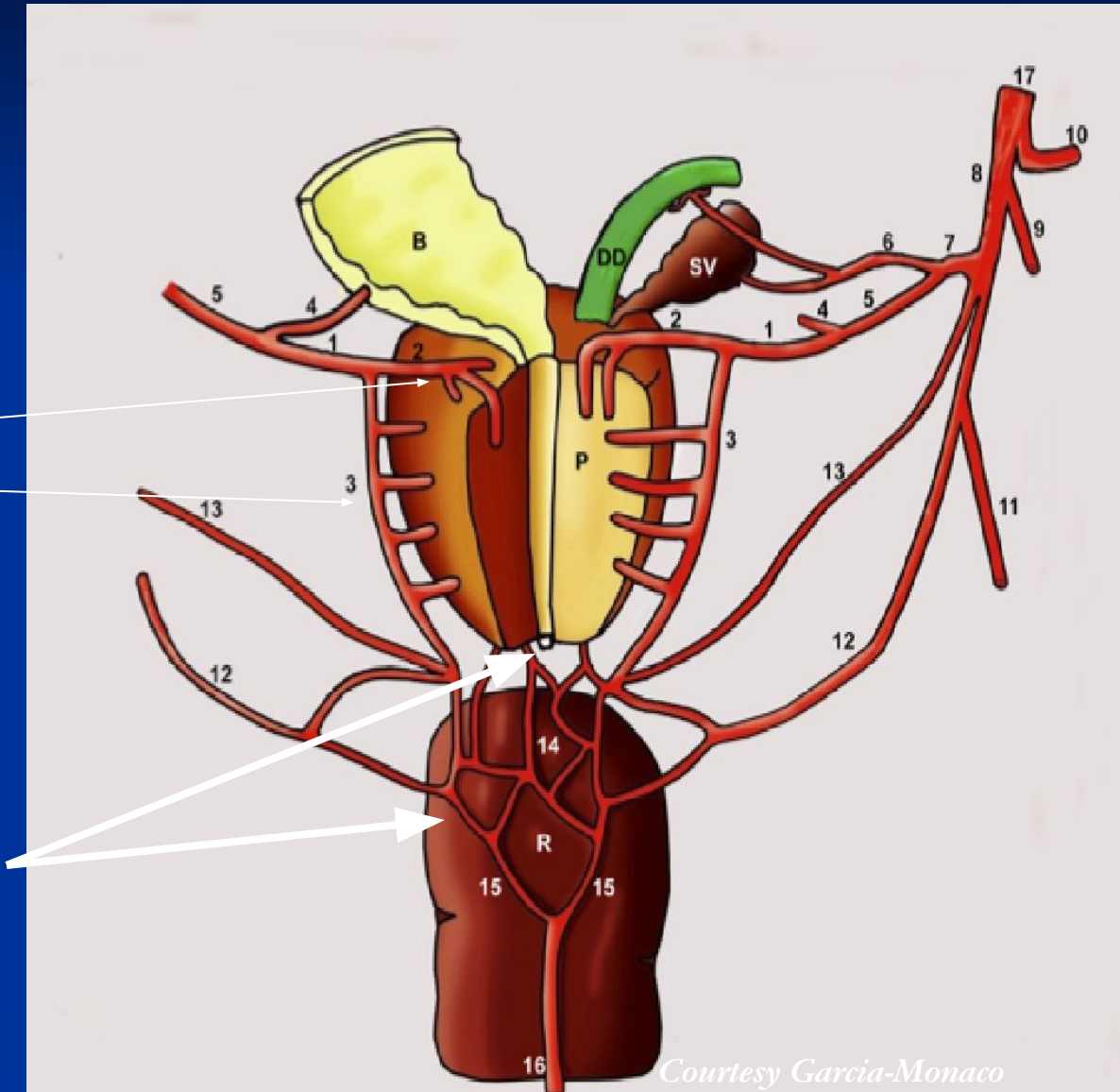
Arterial Anatomy

Pédicule Supérieur: L'artère Prostatique (AP):

- Branche médiale
- Branche latérale

Pédicule inférieur: plexus anastomotique (14):

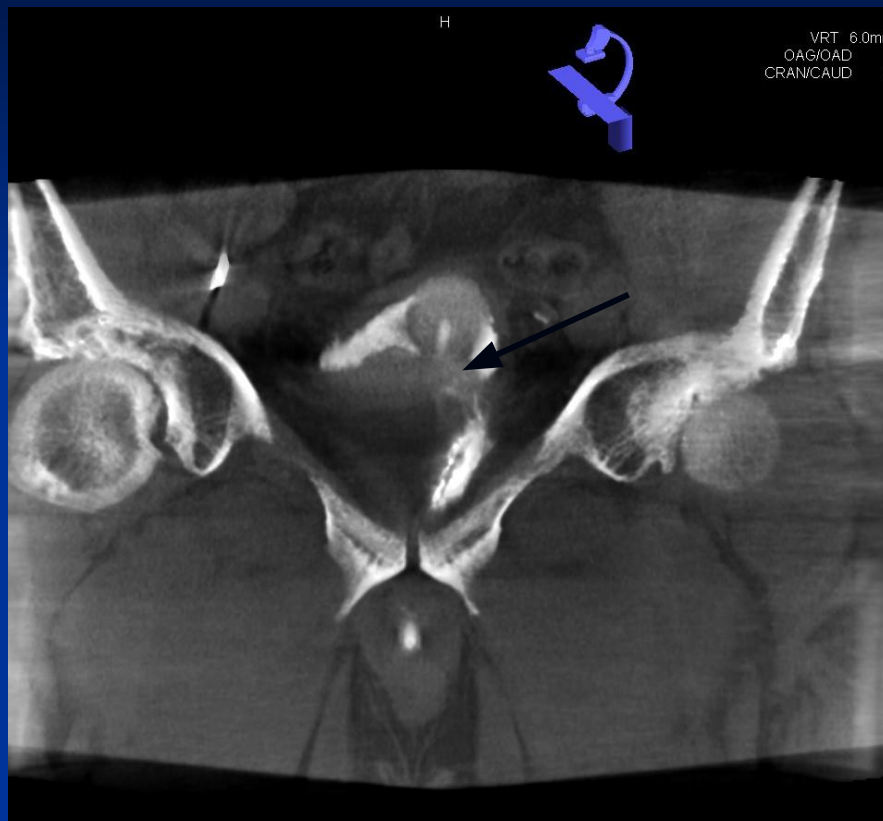
Pudental +++ (12) , rectal ++ (15)



Use of Cone Beam CT: Safety Tool



Left PA: CBCT (MPR coronal recon)



Median Lobe uptake = target for embo

Left PA

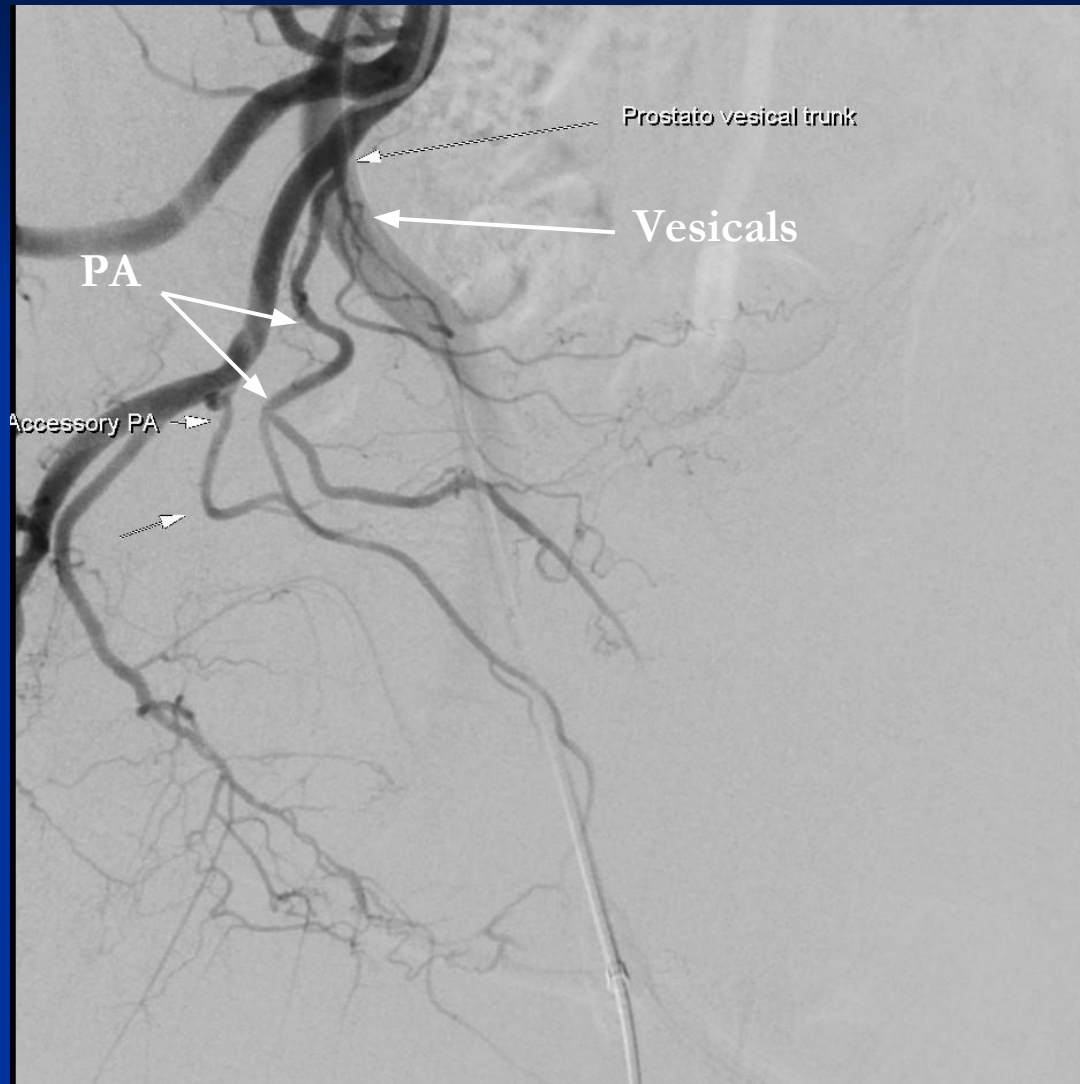


Selective catheterization

Left PA: Proximal embolization



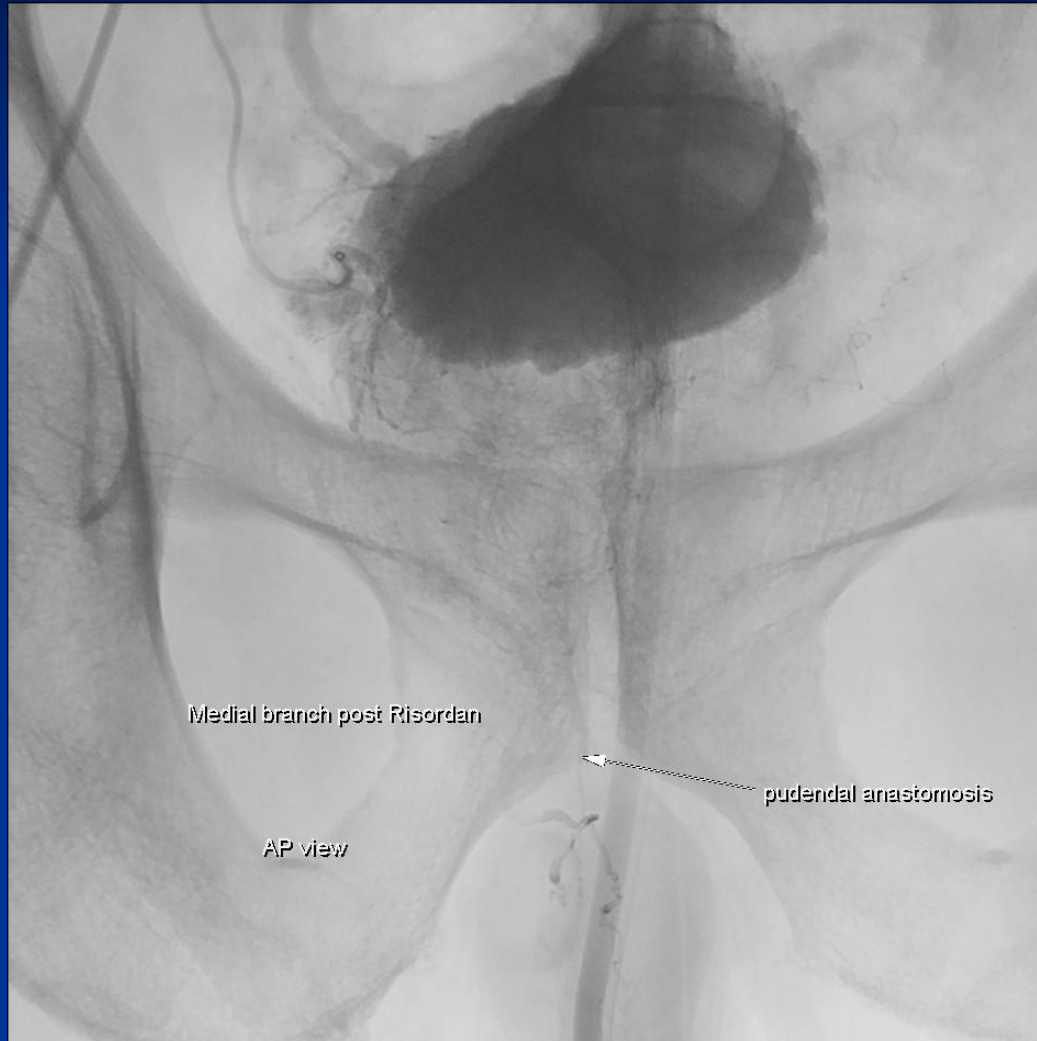
Right PA



Right PA



Right PA: Proximal embolization



Right PA: Proximal embolization

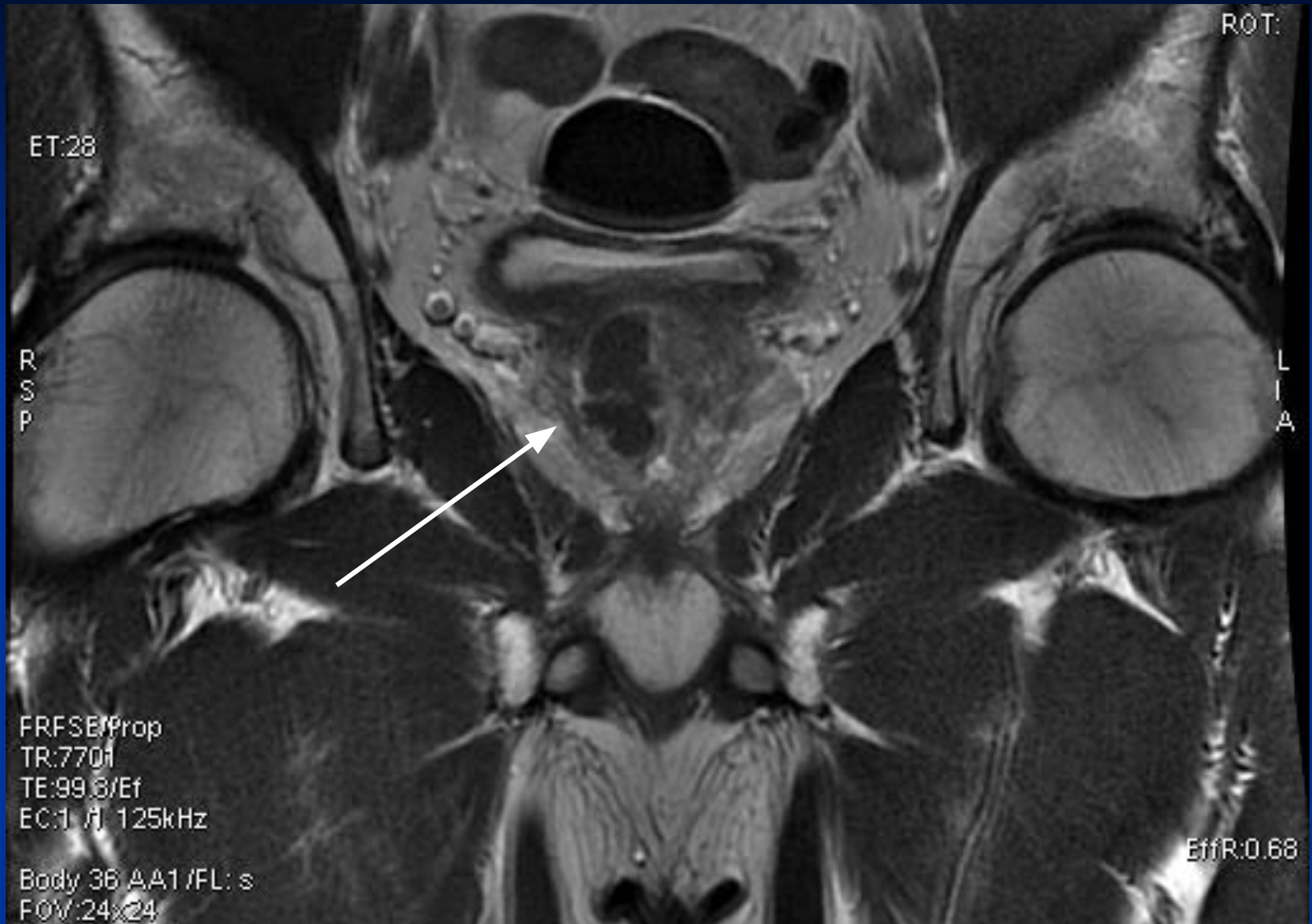


Post PAE Follow up

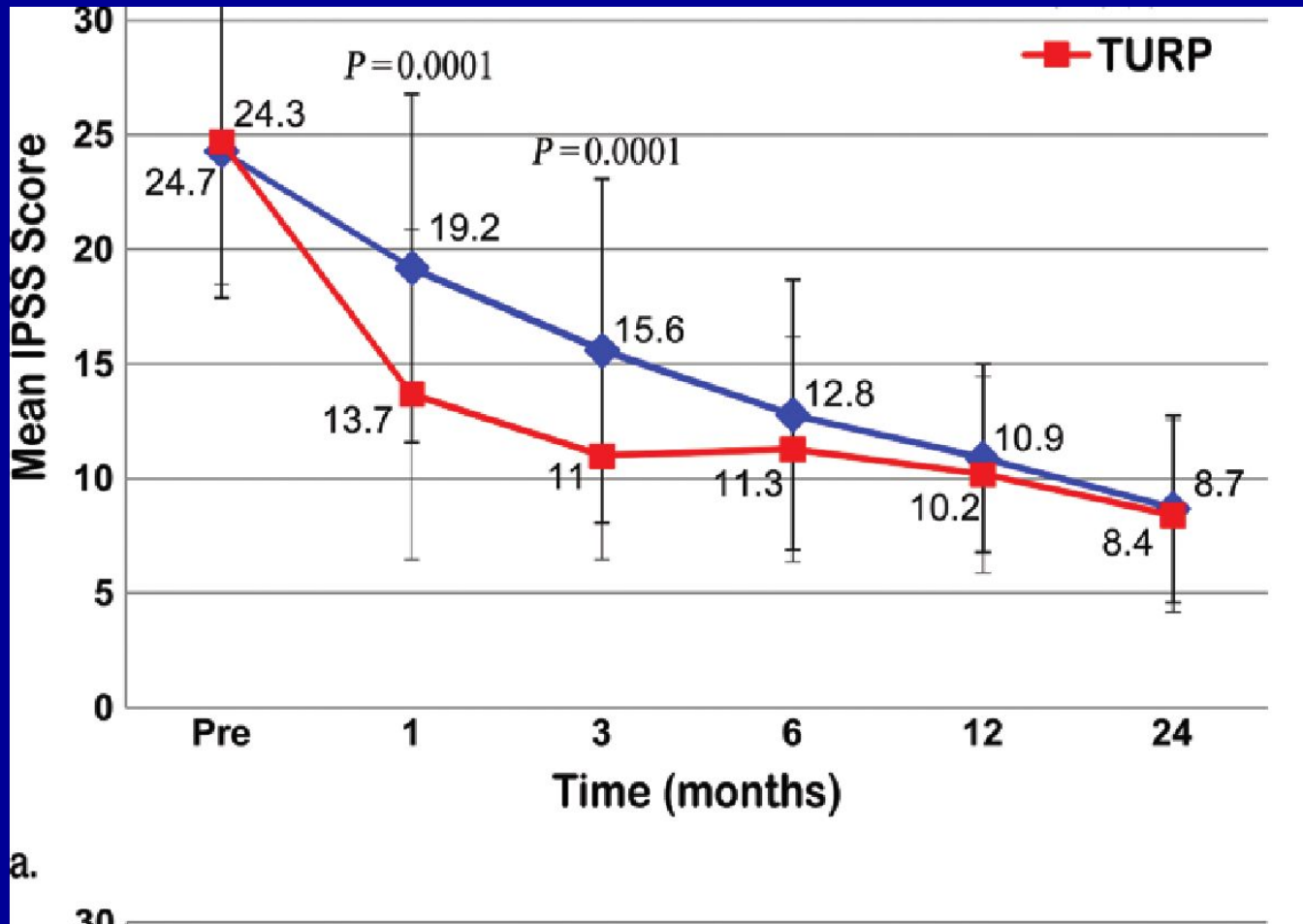
- **First days Post PAE:**
 - Discharged at day 2
 - Increase of Dysuria, pollakiuria (every hour) for 5 days

- **3 month follow up:**
 - LUTS Improvements: rare single episodes of nocturn miction
 - IPSS: **11** QoL: **3** IIEF: **51**
 - tPSA: **3.43 ng/mL**

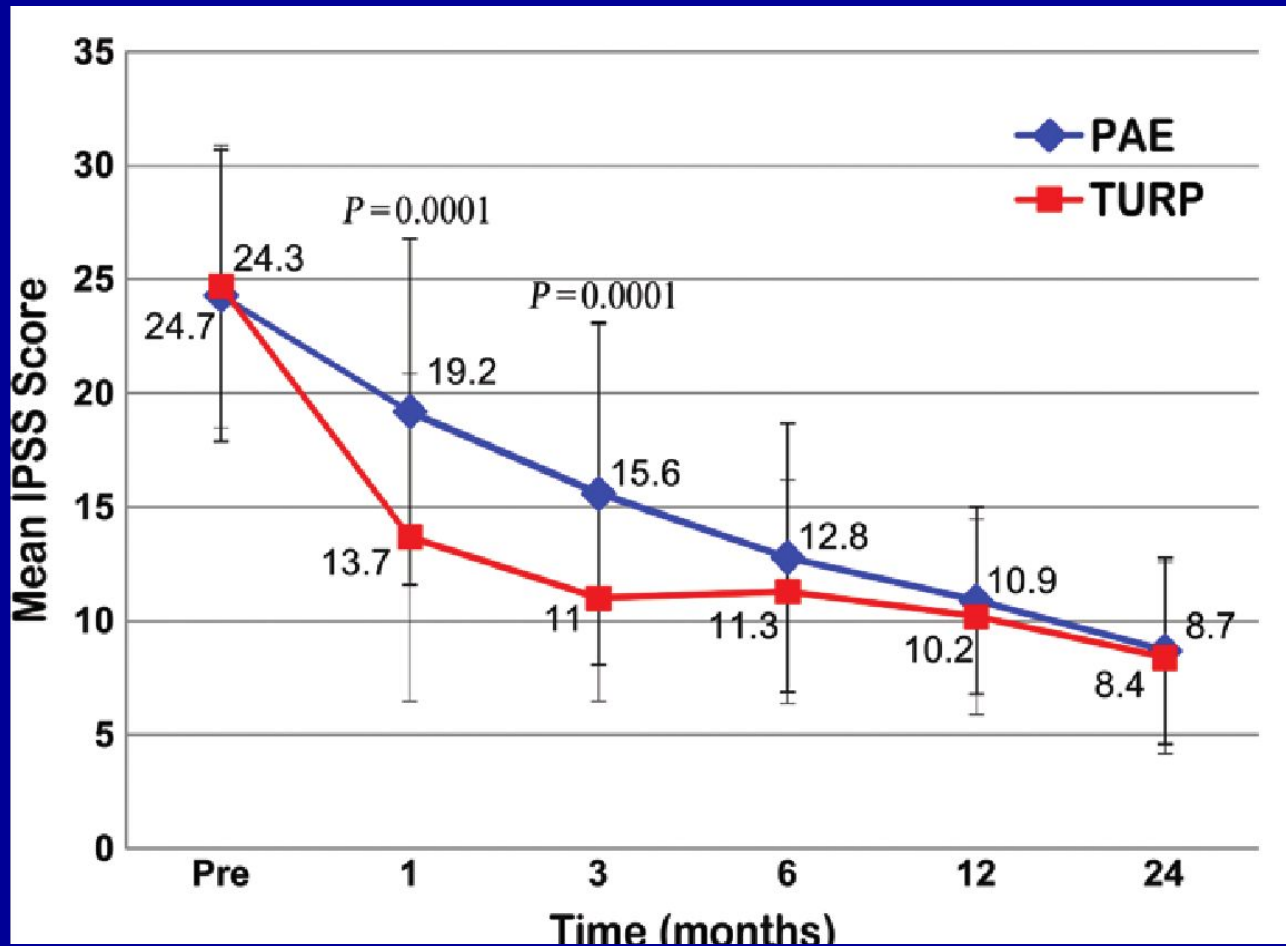
 - Prostate size (MRI): **60 mL** (30% decrease) many infarcts in TZ and ML



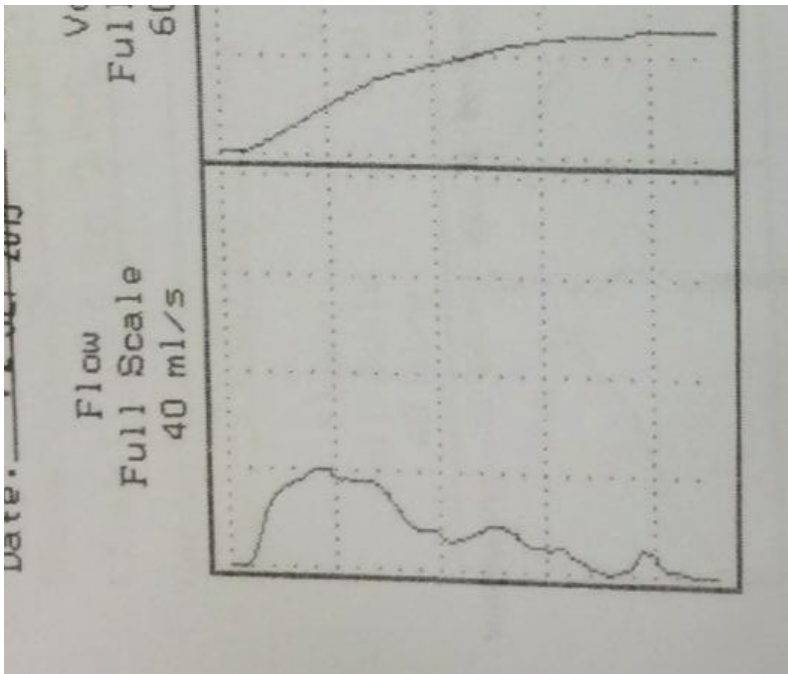
Coronal T2



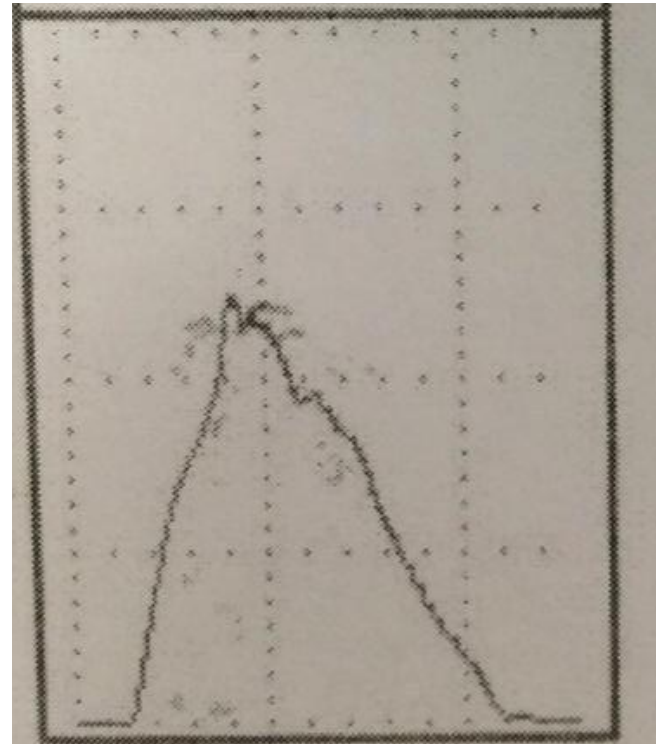
a.



Flow max



Flat curve



Normal is > 15 ml/sec (valid only if voiding > 150 ml)



Indications en 2018

Hôpital européen Georges-Pompidou

Patients refusant la chirurgie par crainte de l'éjaculation rétrograde

Patients en rétention aigue d'urine

Consultation Radiologie Interventionnelle

Benign Prostatic Hyperplasia

Hôpital européen Georges-Pompidou

Place of PAE among BPH treatments

