CORRESPONDENCE

Conservative Treatment of Benign Prostatic Hyperplasia

by Prof. Dr. med. Martin C. Michel, Dr. med. Richard Berges,
Prof. Dr. med. Kurt Dreikorn, Uni. Doz. Dr. med. Stephan Madersbacher,
Prof. Dr. med. Rolf Muschter, in volume 34–35/2007

The Use of Mucolytics

The authors propose the use of alpha-blockers and 5 alpha-reductase inhibitors for the management of benign prostatic syndrome. As another group of substances for therapeutic use, I would suggest secretolytics and mucolytics. The prostate of elderly men often contains leukocyte permeated secretion masses in dilated glandular ducts (1). Mucoproteins are one of the constituents of prostatic secretion. In addition, the tissue pressure of the prostate is significantly increased in patients with chronic abacterial prostatitis (2). Elevated tissue pressure might conceivably be causally implicated in the pain associated with this condition. Mucoproteins are a constituent of prostatic secretion, and mucolytics could reduce the elevated tissue pressure. Mucoproteins contain disulfide bonds that can be cleaved by the free sulfhydryl group, for instance of the mucolytic agent acetylcysteine. In saliva, glycoproteins are depolymerized by cleavage of the disulfide bridges, which reduces the viscosity of the sputum. Should it also be possible to lower the viscosity of prostatic secretion by depolymerization of various components, outflow could be improved. After many years of suffering considerable symptoms of abacterial prostatitis, I took 2 x 600 mg ACC as a self-experiment. The symptoms improved within two hours and symptom remission was complete after two days. The PSA value normalized simultaneously (for details see my list of references: www.kyb.mpg.de). Secretolytics/mucolytics could conceivably also improve the symptoms of benign prostatic syndrome. DOI: 10.3238/arztebl.2008.0053a

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Prof. Dr. rer. nat. Kuno Kirschfeld
Eduard-Spranger-Straße 57/9
72076 Tübingen, Germany

Conflict of interest statement

The author declares that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors.

In Reply:

The proposal to treat lower urinary tract symptoms suggestive of benign prostatic hyperplasia (LUTS/BPH) with secretolytics and mucolytics is unconventional. This group of substances is used mainly for the management of bronchial diseases. Although they are theoretically interesting for this therapeutic indication, convincing proof of clinical efficacy is still lacking, and a recently published Cochrane meta-analysis describes only minor effects (1). The use of alpha-1 adrenoceptor antagonists and 5-alpha reductase inhibitors in LUTS/BPH described by us is based on numerous placebo-controlled, double-blind studies and meets the highest evidence-based medicine standards.

A characteristic feature of LUTS/BPH is that the symptoms fluctuate considerably between different individuals and may also decrease markedly on placebo in some individuals. Consequently, case reports, non-controlled studies, and even placebo-controlled studies with small patient samples are unsuitable for demonstrating therapeutic efficacy in this indication area. Great importance also attaches to accurately defining the study sample, and it seems somewhat bold to extrapolate data from abacterial prostatitis to LUTS/BPH. Finally, the evaluation of therapeutic results also requires a precise description of which symptoms were examined or improved. Recent data suggest that not all therapeutic agents influence all LUTS/BPH in the same manner (2). Against this background, the use of secretolytics or mucolytics for LUTS/BPH cannot be recommended at present.

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Corresponding author

Prof. Dr. med. Martin C. Michel
Afd. Farmacologie & Farmacotherapie
AMC
Meibergdreef 15
1105 AZ Amsterdam, Netherlands
m.c.michel@amc.uva.nl

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