

Summary and conclusion

Benign prostatic hyperlasia is the commonest tumour of elderly male. The emergency of interventional radiology in the last few years has given the physician a more active role in the management of patients as well as in their diagnosis.

Study was made on 60 cases diagnosed on clinical ground as benign prostatic hyperlasia. Full history, examination, investigation, x-ray and ultrasonography on the bladder and prostate were done.

Analysis of the data revealed the followings :-

Traditionally the index finger is still, and probably always will be the main mean to primarily evaluate the prostate.

Abdominal ultrasonography is an accurate, easy, non-invasive method in measuring residual urine, especially in small volumes. Although catheterization is more accurate but it has the disadvantage of ascending infection and being uncomfortable to the patient. So ultrasound could be used satisfactorily to measure residual urine.

Ultrasonography is also a reliable method in measuring prostatic size, detection of bladder pathology and early

stage of cancer prostate associated with benign prostatic hyperplasia. As long as cystoscopy is mandatory in the preoperative management of B P H so ultrasonography on the lower urinary tract may replace descending cystography, also it can replace IVU in examination of the upper urinary tract unless there were history of haematuria, upper urinary tract symptoms or incontinence with over flow.

We conclude that stress must be made to use ultrasonography as an important diagnostic measure in benign prostatic hyperplasia.