



Book Reviews

Lower urinary tract symptoms and benign prostatic hyperplasia: From research to bedside, G. Morgia, G.I. Russo, editors (Academic Press, London) 2018. 328 pages. Price: Not mentioned.

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Benign prostatic hyperplasia (BPH) is a common condition affecting elderly men worldwide irrespective of their economic status. The prevalence of BPH increases with increasing age. With life expectancy increasing globally, the disease burden due to BPH is substantial. The emergence of medical management, primarily in the last two decades, has radically changed the entire understanding of this condition. BPH is a classic example of a disease condition where treatment has evolved from being purely surgical to effective and primarily medical management now.

Authored primarily by experts from Europe, this book lucidly covers all the aspects of BPH. The type-setting of the book and size (number of pages) is reader-friendly and not intimidating. The book is both easy to read and carry while travelling. With 14 chapters, this book covers the topics in a systematic and logical fashion. Dedicated chapters on relatively newer concepts such as the role of prostatic inflammation in the aetiology of BPH and lower urinary tract symptoms (LUTSs) are included. Similarly, the emerging understanding of metabolic syndrome and its role in BPH and LUTS has been covered in a separate chapter. Apart from urinary symptoms, elderly men also suffer from erectile dysfunction. Chapter 4 of the book explores in fair detail the close association between these two co-morbidities. Out of 14 chapters, five are dedicated to all the aspects of medical management. What is interesting is that the authors have dedicated 30 pages on phytotherapy. Phytotherapy has been traditionally neglected in Western literature. The chapters on medical management are fairly exhaustive and cover almost all the relevant aspects. With

separate chapters on alpha-blockers, 5-alpha reductase inhibitors, antimuscarinics and β 3-agonists and combination therapies, the authors have covered the most commonly prescribed classes of drugs. The use of phosphodiesterase-type-5 inhibitors has found mention in two different chapters, a brief mention in the chapter covering combination therapies and in the chapter on LUTS/BPH and erectile dysfunction.

The authors have covered surgical treatment of BPH in three chapters spanning across 60 pages. Without going into details of the surgical steps of each procedure, the authors have discussed the theoretical aspects of various surgical procedures. The principles, results and complications of popular surgical methods such as transurethral resection of prostate, open prostatectomy, various lasers and newer mini-invasive methods have been discussed. The reader will get a brief overview of the various surgical procedures that are currently in vogue and their place in the treatment algorithm. The chapters covering surgical treatment have, however, been written more from a physician's perspective rather than from a surgeon's perspective.

The biggest strength of this book is its simplicity. All the concepts have been explained with a right mix of text and figures. Although there is no dearth of literature on BPH, this book has brought together almost all the relevant aspects. Furthermore, although titled, 'From Research to Bedside', this book has a distinct clinical flavour. Again, from the title, 'Lower Urinary Tract Symptoms and Benign Prostatic Hyperplasia', it seemed as if the authors were discussing two different conditions: 'LUTS' and 'BPH'. Despite being closely associated, LUTS is gender neutral with almost equal incidence in men and women. However, the book is largely dedicated to BPH alone.

Although every general urologist understands BPH well, this book will further clarify the understanding of this common condition. It will be useful for practicing

urologists as well as trainee urologists. Furthermore, because of its simplicity, this book can be easily understood by general physicians who manage elderly men for various medical conditions and often treat concomitant BPH.

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