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## Postprostatectomy Urethral Stricture in Elderly Nigerians

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## Abstract

### **Purpose:**

We examined the outcome of urethral dilation in elderly patients of the Igbo ethnic group in Nigeria for stricture that supervened on radical prostatectomy.

### **Methods:**

In this study, 10 men aged 65 years or older with proved urethral strictures underwent dilation. Their disease followed radical prostatectomy during the period from February, 1993 to December, 2005. The dilation was made under spinal (intrathecal) anesthesia.

### **Results:**

In this patient cohort, we found that urethral dilation was undertaken without difficulty. Urine flow was stated to be good during follow up of up to 2 years.

### **Conclusion:**

The predictive value of urethral dilation is such that it can be offered to elderly patients whose stricture resulted from prostatectomy.

## Introduction

Urethral stricture is a common urological disease seen in hospital practice across Nigeria. In one center,<sup>1</sup> out of 123 patients treated during 2 years, 57 were due to trauma but only 4 of these resulted from prostatectomy. In another center,<sup>2</sup> out of 45 cases seen during 3 years, none was reported to have resulted from surgery, although two were categorized as "Aetiology uncertain." Therefore, we propose to bring to notice our wider experience of this group which seems to have required multicenter study<sup>3</sup> in a developed country.

## Materials and Methods

From February 1993 to December 2005, patients who had urethral strictures were studied at the Trans Ekulu Hospital in Enugu, Nigeria. They belonged to the Ibos or Igbos, who constitute one of the three main Ethnic Groups.<sup>4</sup> Mode of presentation, was noted, while the baseline studies included hemoglobin, urinalysis, urine culture and sensitivity, serum electrolytes, urea and creatinine. Retrograde urethrogram was also done to confirm the strictures. Dilation was the only mode of treatment offered. After treatment, the patients were followed up for at least 2 years. The outcome, classified as poor or good, was based on each patient's judgment of the satisfactory flow of urine.

## Results

Out of 56 patients, who presented with urethral strictures, 12 were aged 65 years to 92 years, their average age being 70 years. Five patients (41.6%) were aged between 65—69 years, another 6 patients (50%) were aged between 70 and 80 years and 1 patient (8.3%) were aged 92 years. Among them, complications of prostatectomy accounted for 10 cases. These patients underwent urethral dilation under spinal (intrathecal) anesthesia without difficulty. They did well after urethral dilation and had satisfactory urine flow. There was no mortality and the results were generally classified as good.

## Discussion

In the setting of an increasingly ageing population, surgical procedures proportionately increase as part of medical effort to deal with the health problems of the elderly.<sup>5</sup> Fortunately, the elderly are known to cope easily with simple operations where there is no risk of bleeding or significant infection.<sup>6</sup> Since treatment of infection in the elderly is a major concern, if the patients suffering from both urethral stricture and infected urine are treated with guidance from urine culture and sensitivity studies, and if the operative procedure has been carefully and properly planned, the result should be rewarding. Untreated, these patients lead a miserable life because of the agony associated with micturition, and the terrible smell of

badly infected urine.

Incidentally, none of our patients had urethroplasty because of lack of facilities. Long ago, Badenoch<sup>7</sup> actually advocated dilation as a good treatment option, as long as the patient can be kept comfortable on easy infrequent dilation. Recently, in this Journal<sup>8</sup>, Steenkamp, Heynes, and de Kock concluded that "There is no significant difference in efficacy between dilation and internal urethrotomy as initial treatment for strictures." Certainly, urodynamic factors are important in relation to outcome of prostatectomy.<sup>9</sup> Accordingly, experience gained from treating our own patients has confirmed that age is not an absolute contraindication to the above management. Indeed, elderly patients, who presented for local dilation treatment, are manifestly enjoying more years of quality life in our community.

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