

SUMMARY

Mr. N, a 62 year old three-wheeler driver from Akuressa presented with recent worsening of obstructive lower urinary tract symptoms(LUTS) from which he has been suffering for 5-6 years' duration. Following initial 2-year treatment with medical management which failed to give significant improvement in obstructive LUTS, he has undergone Bladder Neck Incision(BNI) in 2016 following which there has been an asymptomatic period but symptoms recurred since 6 months back.

Mild prostatic enlargement was detected by Digital Rectal Examination(DRE) and post-voidal residual volume of urine was significant on USS-KUB. Prostate specific antigen(PSA) levels were within normal range. Patient underwent Transurethral resection of prostate(TURP) surgery, recovery of which was uneventful. Diagnosis of Benign Prostatic Hyperplasia(BPH) confirmed by histology and further follow up planned at GU clinic.

Patient had a past medical history of poorly controlled Type 2 Diabetes and hypertension with poor treatment compliance.

Financial burden was identified as social problems as patient being sole breadwinner of the family with 2 school aged children and unemployed wife. Further patient being employed away from his hometown and living separately from family for the most of the time was identified as a social issue.