

Evidence Discussion (PV 19)

- For patients with lower urinary tract symptoms suspected to be caused by Benign Prostatic Hypertrophy ultrasound is the modality of choice for evaluation. It allows for assessment of bladder volume and post-void residual as well as intravesical prostatic protrusion¹. Ultrasound is advantageous as it is readily available, effective, and free of ionizing radiation.
- Prostate Artery Embolization is an excepted treatment for the management of lower urinary tract symptoms according to the American Urological Association². Imaging is indicated for further delineation of the pelvic vasculature to aid in preprocedure surgical planning. The accuracy of CTA to identify the Prostate artery has been shown to approximately 97%³. MRI angiography has been shown to identify the prostate artery in 76% of cases, has been helpful in identifying malignancy when suspected and does not carry the risk of radiation exposure³.
- Transrectal ultrasound is supported for the initial diagnostic imaging for hematospermia⁴. Ultrasound has high sensitivity for detecting abnormalities of the prostate and seminal tract, demonstrating abnormalities in 82-95% of men with hematospermia⁴. Ultrasound is advantageous as it is readily available, effective, and free of ionizing radiation. It also allows for simultaneous aspiration or biopsy of any lesions detected. MRI is a useful adjunct to ultrasound imaging. CT has limited value in the evaluation of hematospermia due to its limited ability to differentiate structural changes of the prostate and seminal tract and its lack of soft-tissue contrast⁴.
- In patients with suspected Proctalgia initial evaluation should include a through exam, including digital rectal exam and direct visualization with sigmoidoscopy or colonoscopy to exclude other causes of rectal pain. Clinical history and normal digital rectal exam is often sufficient to make a diagnosis of Proctalgia⁵. If infection, abscess or inflammation is suspected imaging is indicated⁶.
- The work up for interstitial cystitis/bladder pain syndrome (IC/BPS) should include a careful history, physical and laboratory examination⁷. Additional testing such as radiologic imaging should be undertaken only when it will alter the treatment approach⁷. Ultrasound may be useful for adjunct diagnosis⁸ and has the advantages of being widely available and without ionizing radiation. Additional testing with CT may be appropriate when ultrasound results are inconclusive but bears the risk of ionizing radiation.

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