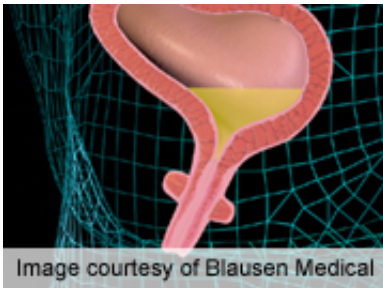


Similar presentation for bladder outlet obstructions

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Women with dysfunctional voiding and primary bladder neck obstruction (PBNO) have similar clinical presentation, with poorer emptying for those with PBNO, according to a study published in the July issue of *Urology*.

(HealthDay) -- Women with dysfunctional voiding (DV) and primary bladder neck obstruction (PBNO) have similar clinical presentation, with poorer emptying for those with PBNO, according to a study published in the July issue of *Urology*.

Benjamin M. Brucker, M.D., from the New York University Langone Medical Center in New York City, and colleagues reviewed a urodynamic study database to determine the clinical and urodynamic differences in presentation and value of simultaneous fluoroscopy in DV and PBNO.

The researchers found that DV and PBNO were diagnosed in 34 and 16

patients, respectively. Compared to those with PBNO, patients with DV were younger (40.9 versus 59.2 years), showed a clinical trend toward having more storage symptoms, and had fewer voiding symptoms. A significantly greater mean maximal flow rate and lower mean postvoid residual urine volume was seen for [patients](#) with DV. Maximal detrusor pressure, detrusor pressure at maximal [flow rate](#), and detrusor overactivity were similar between the groups. Based on [electromyography](#) (EMG), increased activity during voiding was seen in 79.4 and 14.3 percent of those with DV and PBNO, respectively.

"Clinically, women with DV and PBNO had similar presentations, although those with PBNO had poorer emptying," the authors write. "EMG alone would have given the wrong diagnosis in 20.6 percent of those with DV (false negative) and 14.3 percent of those with PBNO (false positive). When fluoroscopy is used to define these entities, the accuracy of EMG to differentiate them is questionable."

More information: [Abstract](#)
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