Reviewer's report

Title: Intraprostatic injection of botulinum toxin type A relieves bladder outlet obstruction and induces prostate apoptosis

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Reviewer: Giuseppe Brisinda

Reviewer's report:

General
I read with interest this paper on the evolving treatment of benign prostatic hyperplasia by Dr Chuang and coworkers. This is a well-written paper, and shows effects of botulinum toxin type A on the canine prostate and also in men with bladder outlet obstruction due to benign prostatic hyperplasia. This fact make this an interesting article. However, I do have several concerns about this study that should be addressed by the authors.

This is a relatively small series.

The knowledge reported in the manuscript is not new.

I believe that the title is not appropriate. The Authors have been documented that intraprostatic injection of botulinum toxin type A induces prostate apoptosis only in dogs.

The bibliography could be more complete; list of references is not complete and many studies have not been reported. Recently, Chuang and co-workers have been investigated the effects of botulinum toxin in treating patients with refractory benign prostatic hyperplasia. Eleven men with symptomatic benign prostatic hyperplasia refractory to medical treatment (at least one month of treatment with ß-blocker) were treated with 100 U of botulinum toxin into prostate under transrectal ultrasound examination surveillance. They observed that the mean symptoms index and a quality of life index were improved after treatment. Furthermore, the maximum flow rate was significantly increased, although there were no changes in residual urine and prostate size.

The follow up is not long enough.

In the Materials and Methods section the authors indicate that the patients have been treated with antibiotics and with sedation. They should indicate the drugs and the doses used.

The toxin has been diluted with a volume of 4 ml of saline. This volume is double than that commonly used. The reason of this choice should be explained.

Table 1. The QOL index is reported without mentioning an appropriate reference. The range 0-6 is indicated, although the meaning of this scale has not been made clear. Furthermore, table was not sufficiently explanatory.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

What next?: Reject because too small an advance to publish

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

'I declare that I have no competing interests