



## TESTOSTERONE AND BENIGN PROSTATIC HYPERPLASIA

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**Abstract.** *Benign prostatic hyperplasia (BPH) and lower urinary tract symptoms (LUTS) are common conditions among elderly men. However, their pathogenesis has not yet been fully elucidated. Historically, elevated testosterone (T) levels were believed to contribute to the development of BPH, as androgens play a crucial role in the early stages of prostate development. Nevertheless, recent studies suggest a different perspective.*

**Keywords:** *androgens, benign prostatic hyperplasia, dyslipidemia, inflammation, metabolic syndrome, testosterone.*

### **Objective**

To analyze the available data on the pathogenesis of BPH, with particular emphasis on the role of testosterone and its potential association with metabolic disorders.

### **Materials and Methods**

Data were obtained through an extensive search of the Medline database using keywords related to testosterone and BPH. Studies were included without restrictions on publication date or study design.

### **Results**

Inflammation is a key factor in the development of BPH. In addition to infectious agents, prostatic inflammation may be induced by metabolic factors, such as dyslipidemia, a component of metabolic syndrome (MetS). Patients with MetS frequently exhibit low testosterone levels and hyperestrogenism. Current evidence indicates that low testosterone levels, rather than elevated levels, along with hyperestrogenism, promote prostatic inflammation. BPH results from the interaction of multiple factors that mutually potentiate their negative effects.

### **Conclusion**

Testosterone is not harmful to the prostate gland. On the contrary, treatment of hypogonadism may contribute to the reduction of LUTS and the limitation of prostatic inflammation, which plays a central role in the development of BPH.