The authors evaluated the relationship between metabolic syndrome (MetS) and lower urinary tract symptoms (LUTS) as well as erectile dysfunction (ED) in patients with BPH. As the effect of metabolic syndrome has been extensively studied on patients’ LUTS, authors also concluded that frequency of MetS increased with respect to the severity of symptoms. The interpretation of results are encouraging and prevention of development of MetS becomes of paramount importance. However, despite being a multi centric study, the design has not been cleared for randomization nor placebo control. Studying the relationship between MetS, ED and LUTS would definitely need a larger patient and normal healthy subject groups as placebo. Definition of MetS has well been described but addressing LUTS solely to BPH is a limitation of the article. There is no pressure flow study nor overactive bladder symptom score index measurements. BPH is a histological definition and a better description would have been as “infravesical obstruction”. Similarly, a better relationship could have been evaluated if prostate volume was measured and urodynamic investigation was performed.

Despite being comparative analysis, the study was not powered to validate its results. Concerning its too small number of patients who had ED in patients between ages of 40-49 (n=5), it’s difficult to have a clear interpretation and comparison to other groups. The enrolled subject population came from a different institutions thus one would expect to have more patient numbers in each group.

Interpretation of the results, lack of associated multiplicity of analyses due to inadequate patient numbers in each group bring a potential bias or imprecision for definite conclusions. Nevertheless, this article highlights the complex relationship between LUTS, ED and infravesical obstruction in the presence of MetS and results should further be checked in larger number of series.