



# Prostatitis (Chronic Pelvic Pain Syndrome)

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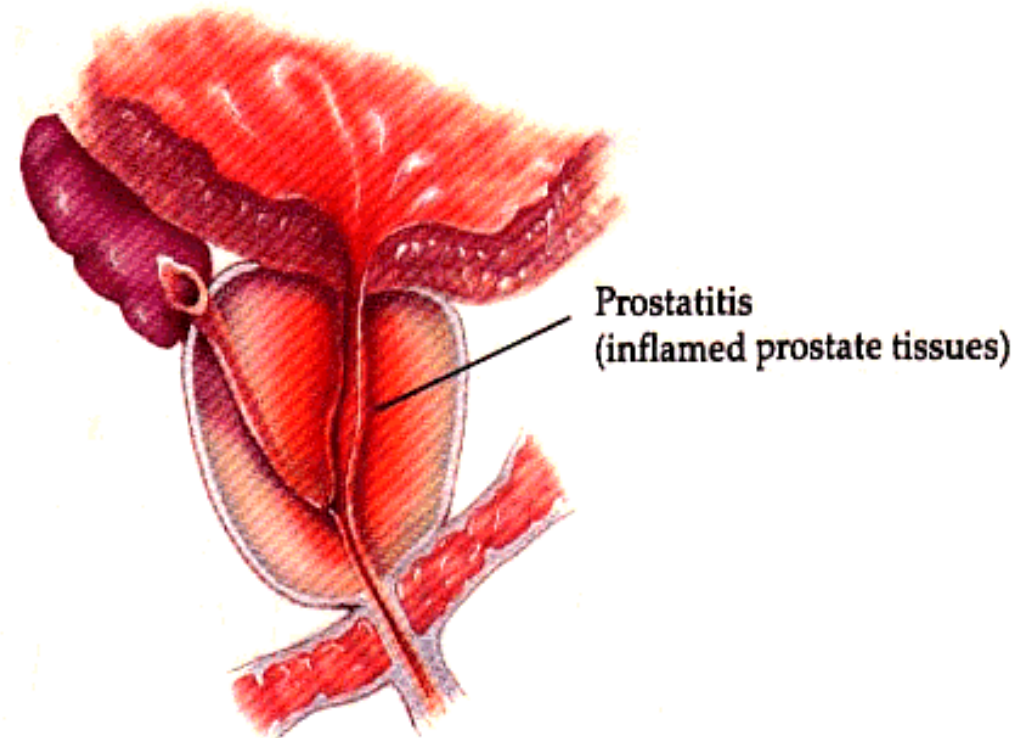
Professor of Surgery in Urology

# Epidemiology

- Accounts for 1/4<sup>th</sup> of all male office visits for genitourinary symptoms
- Prostatitis symptoms affect up to 50% of men at some point in their lives
- Accounts for 2 million annual physician office visits in the United States Annually

# Classic Classification

- Acute bacterial prostatitis
- Chronic bacterial prostatitis
- Nonbacterial prostatitis
- Prostatodynia

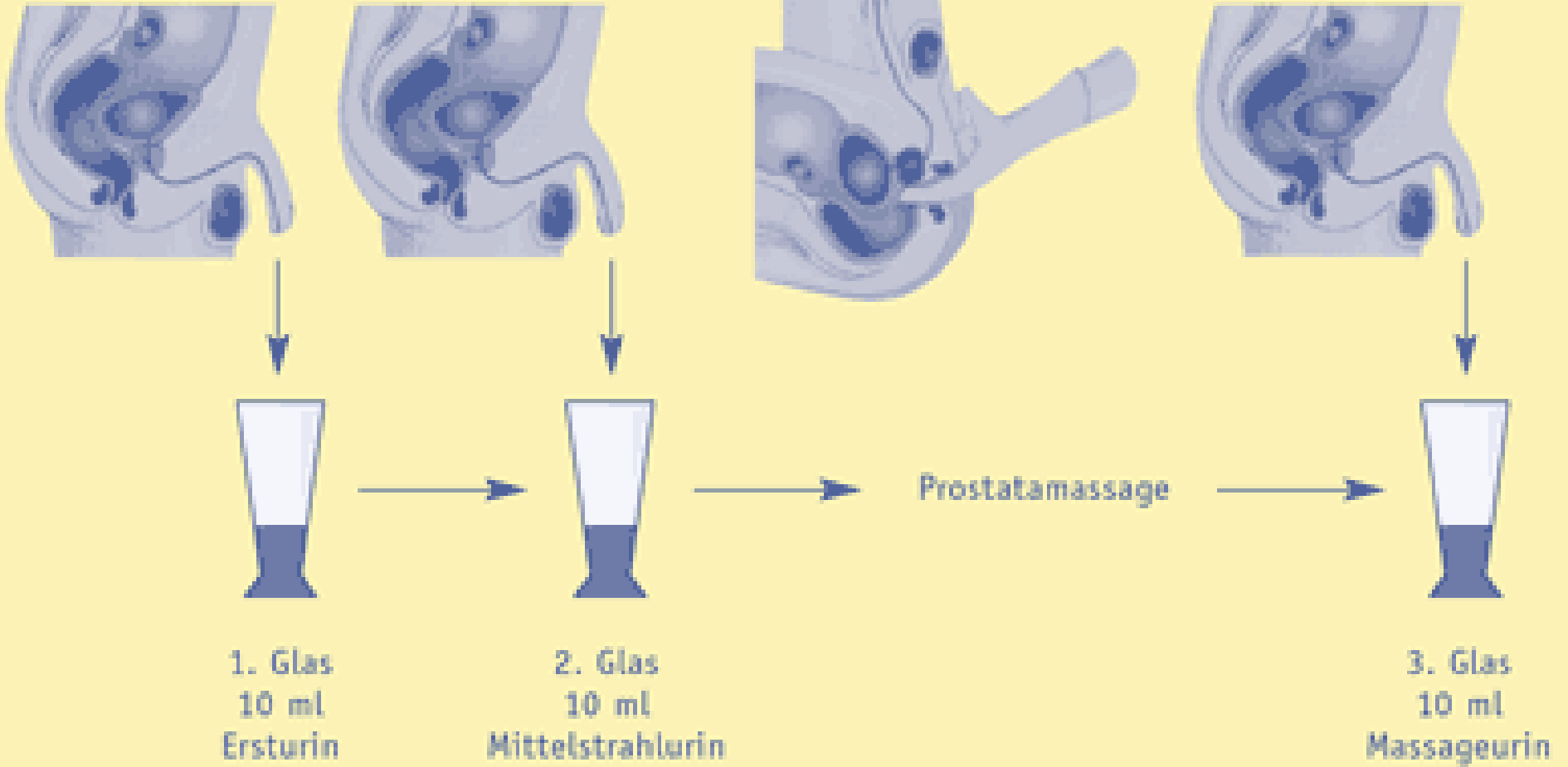


# NIDDK Classification

- Category 1: Acute bacterial prostatitis
- Category 2: Chronic bacterial prostatitis
- Category 3: Chronic abacterial prostatitis – chronic pelvic pain syndrome
  - 3A leukocytes in prostatic secretion or semen
  - 3B absence of inflammatory cells in prostate secretion or semen
- Category 4: Asymptomatic patients with inflammation in the expressed prostatic secretion, semen, or in biopsied prostate tissue

Class 4 patients require no treatment

## Drei-Gläser-Urinprobe



**vb1**

**vb2**

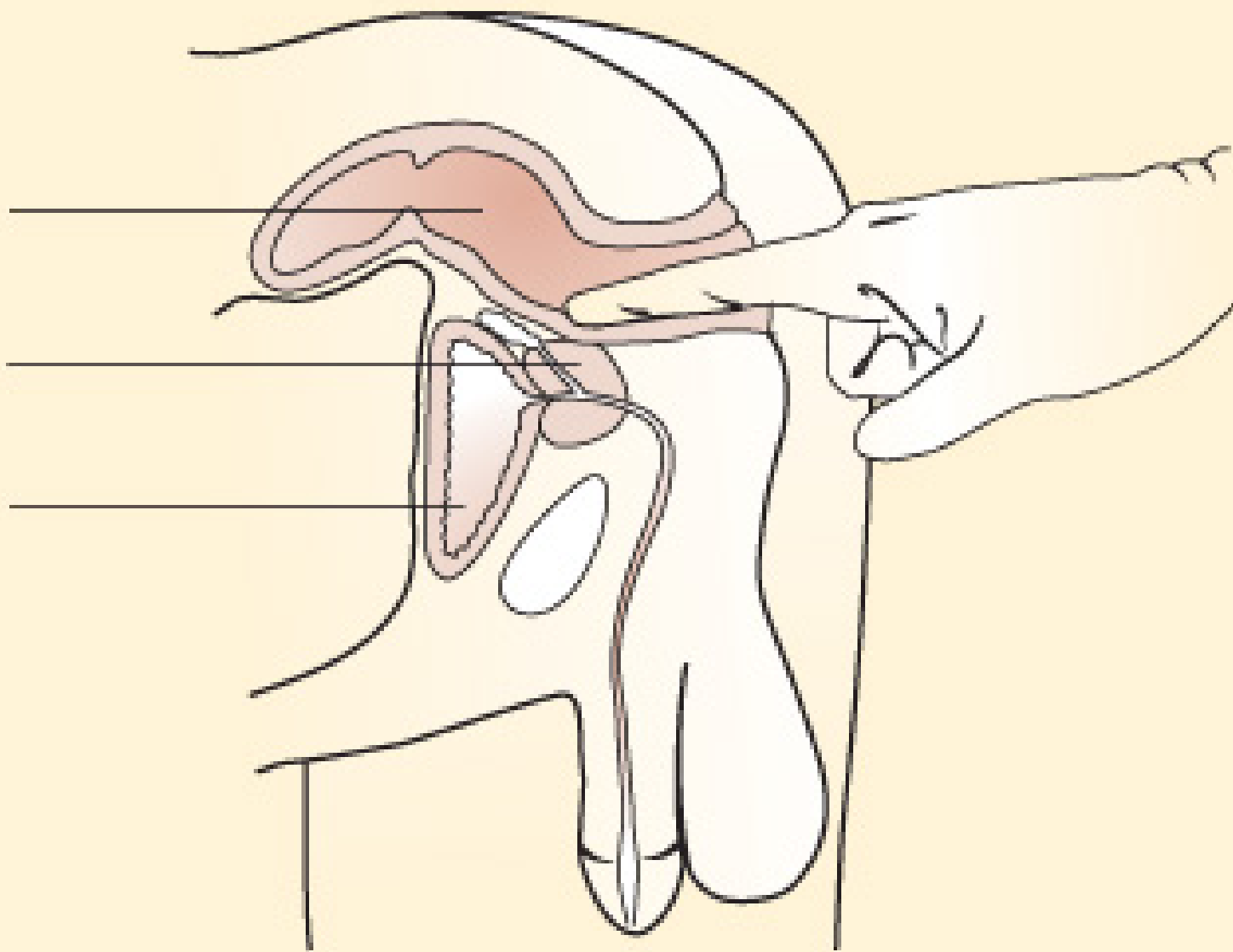
**eps**

**vb3**

**Rectum**

**Prostate**

**Bladder**



# Category 1: signs / symptoms

- UTI symptoms: dysuria, urgency, frequency, nocturia
- Perineal, low back pain
- Urinary hesitancy, fever, chills, malaise
- Enlarged, tender prostate on DRE
- Minimize rectal exams for fear of urosepsis

# Category 1: lab results

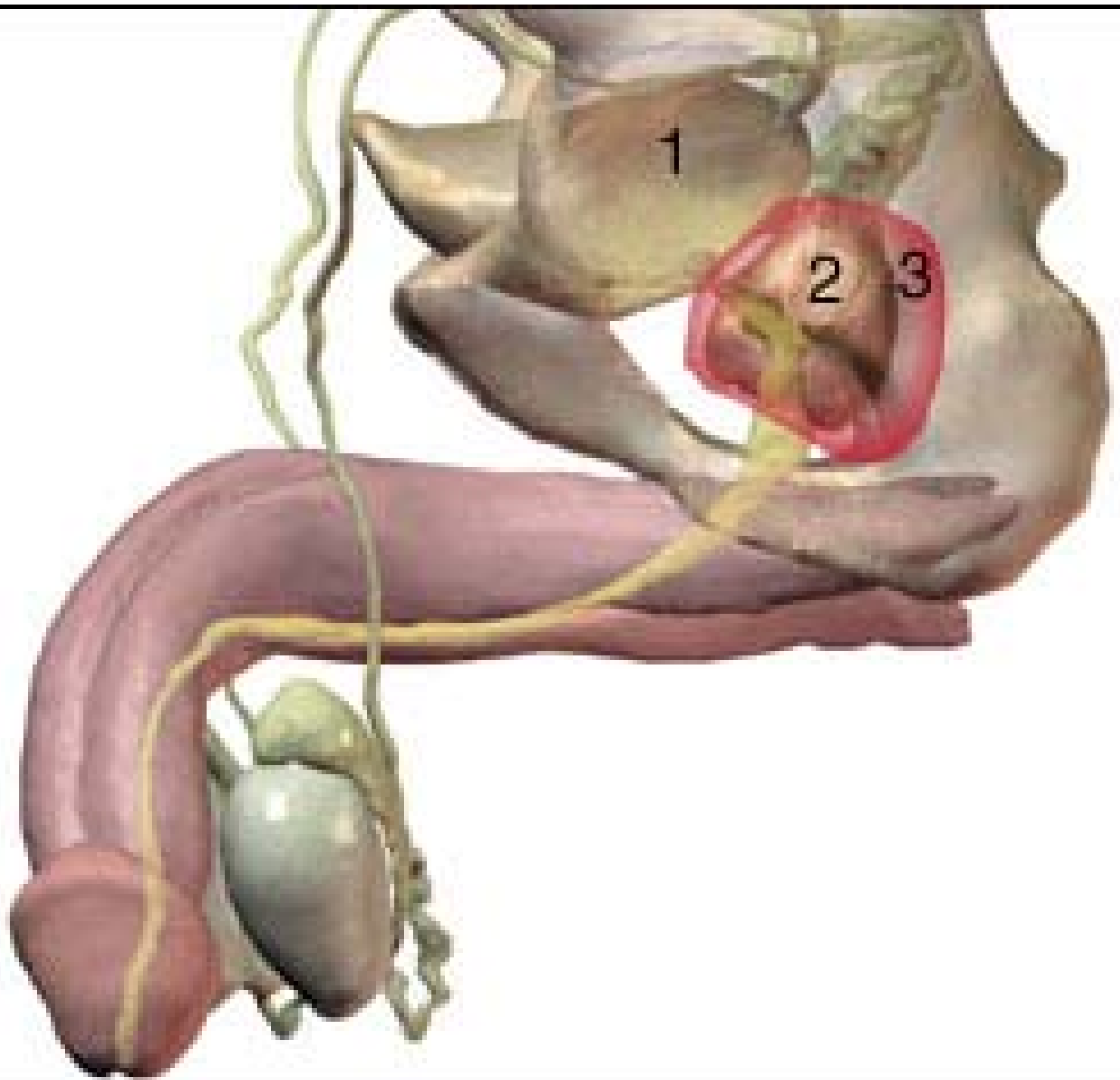
- Elevated WBC count
- Pyuria and bacteriuria
- Positive urine culture: *E. coli*, *Klebsiella*, *Proteus mirabilis*, *Enterobacter*, *Staphylococcus aureus* common
- Granulomatous prostatitis—TB or systemic mycosis rare

# Category 1: treatment

- Treat infection with broad spectrum antibiotics until sensitivities are back
- Bed rest, antipyretics, hydration
- Suprapubic drainage for urinary retention
- Antibiotic penetration into prostate tissue is high during acute inflammation
- Treat for a full 3-4 weeks to eradicate infection

# Category 1: complications

- Prostatic abscess
  - Continued spiking fevers despite treatment
  - More common in diabetics
  - CT or TRUS to diagnosis
  - Drain transurethrally or transrectally
- Chronic bacterial prostatitis (rare)



# Category 2: signs / symptoms

- Often asymptomatic between episodes of acute, culture documented UTI with same organism each time
- Episodes of dysuria, frequency, pelvic, perineal pain with acute infection episodes
- Most common cause of recurrent UTI in adult males
- This is actually a very rare type of problem

# Category 2: laboratory results

- You can **rule this out if the patient has no history of culture documented UTI**
- E coli present in 80% of cases
- Klebsiella, Pseudomonas aeruginosa, Proteus less common
- Gram + organisms controversial etiology
- Little evidence for mycoplasma, fungi, anaerobes, viruses, ureaplasma, chlamydia

# Category 2: treatment

- TMP-SMX and fluoroquinolones are lipid soluble and can penetrate the prostate
- 4-6 week treatment cures 33-50%
- Can extend treatment to 12 weeks
- Infection that cannot be eradicated can be suppressed with low-dose antibiotics, antiseptics
- TURP, prostate massage, zinc not proven

# Category 3: signs / symptoms

- Chronic or recurring symptoms of perineal, testicular, penile pain or discomfort, sometimes associated with symptoms of voiding dysfunction in the absence of infection
- NIH Chronic Prostatitis Symptom Index useful to gauge and track symptoms
- 0-43 with higher score indicating increased severity

# Category 3: etiology unknown

- ? Primary event leading to immunologic stimulation followed by inflammatory response with persistent stimulation and neuropathic damage
- **No infectious pathogens identified**
- ? Prostatic reflux of urine
- ? Structural alterations, ductal obstruction

# Category 3: evaluation

- Rule out reversible causes of pelvic pain (malignancy, stone, true infection)
- Urine culture
- Cytology if irritative symptoms or hematuria
- Videourodynamics for outlet obstruction
- The classic 4 glass culture looking for inflammation/infection is not routinely done in patients with no history of UTI

# Category 3: treatment

- Empiric antibiotics for **ONE** 4-6 week course
- NSAIDS, hot baths, tricyclics, anticholinergics, prostate massage, 5-alpha-reductase inhibitors can be tried
- Alpha-adrenergic blockers, diazepam, bladder neck incision, microwave, sacral neuromodulation, dietary changes
- Time is the ally of the patient and provider

# Best, most concise reference

- Schaeffer, AJ: Chronic prostatitis and the chronic pelvic pain syndrome. NEJM, 355:1690-1698 October 19, 2006