

# Chronic prostatitis

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Many urologists find the diagnosis of chronic prostatitis and 'prostatodynia' very difficult as many men present with perigenital pain, testicular pain, prostatic pain exacerbated by sexual intercourse or pain that apparently renders sexual intercourse out of the question. Psychosexual dysfunction in such patients may be the underlying problem. The diagnosis of chronic prostatitis has to be based on: persistent threads in voided urine; in the absence of urinary infection. Aetiology This is thought to be the sequela of inadequately treated acute, prostatitis. While pus is present in the prostatic secretion, the responsible organism is often difficult to find. Other organisms such as Chlamydia species may be responsible for chronic abacterial prostatitis. Clinical features The clinical features are extremely varied. Only men with symptoms of posterior urethritis, prostatic pain and perigenital pain accompanied by intermittent fever and pus cells or bacteria in the postprostatic massage specimen should be diagnosed as having chronic prostatitis. Diagnosis The three-glass urine test is valuable. If the first glass with the initial voided sample is clear and the second and third glasses show urine containing prostatic threads and leukocytes, prostatitis is present. Rectal examination of the prostate may be normal or may show a soft, boggy and tender prostate. Examination of the prostatic fluid obtained by prostatic massage should show pus cells and bacteria. Urethroscopy may reveal inflammation of the prostatic urethra, and pus may be seen exuding from the prostatic ducts. The verumontanum is likely to be enlarged and oedematous. In many men with the symptoms described above, all investigations are normal. Treatment Antibiotic therapy should be administered only in accordance with bacteriological sensitivity tests. Trimethoprim or ciprofloxacin penetrate well into the prostate. If Trichomonas or anaerobes are the responsible agent, a rapid response is obtained from administration of metronidazole (200 mg three times daily for 7 days to both partners). If Chlamydia is suspected, doxycycline is the antibiotic treatment of choice.  $\alpha$ -blockers and anti-inflammatory drugs have been used with some success. There is little evidence that prostatic massage helps in eradicating the infection.

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