

# PAIN

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Pain is a common urological symptom. Pain while passing urine is called dysuria and refers to discomfort experienced during voiding – typically described as a sensation akin to passing razor blades or glass. Most commonly, dysuria is due to an infection in the lower urinary tract but can rarely be due to carcinoma in situ (CIS) of the bladder, especially in an older male smoker with haematuria. Renal pain is usually caused by distension of the renal capsule and is felt as a constant, gnawing pain in the loin/renal angle. Ureteric colic (often incorrectly referred to as renal colic) is different from renal pain and is typified by the lateralised, colicky pain experienced by someone with a ureteric calculus. Ureteric colic can radiate to the groin or to the testicle/labium but does not radiate to the back of the leg. Ureteric colic can also, rarely, be caused by a blood clot or a sloughed renal papilla in the ureter. Some patients simultaneously experience both ureteric colic and renal pain.

**Summary box 81.1 Pain from the urinary tract**

Infection or inflammation of the bladder can produce suprapubic pain. Suprapubic pain that is experienced when the bladder is full and is relieved by micturition is typical of interstitial cystitis, an idiopathic inflammatory disorder of the bladder typically seen in middle-aged women. Testicular pain is a common symptom in boys and young men. Sudden, severe testicular pain should be treated as a medical emergency to rule out a diagnosis of acute testicular torsion. Hydroceles and epididymal cysts usually do not cause significant pain but can have an increasing pressure effect as they enlarge. A dragging sensation in the scrotum that gets worse towards the end of the day is characteristic of a varicocele. Testicular tumours in young men are not usually associated with significant pain. Investigation of testicular pain in the young adult male/middle-aged male is frequently negative, resulting in a highly unsatisfactory diagnostic label of 'idiopathic testicular pain' or 'chronic orchialgia'. Patients undergoing vasectomy are routinely counselled about the approximately 10% risk of testicular pain in the short term following surgery and, more importantly, the 1% chance of chronic testicular pain in the longer term. Perineal pain is often a feature of a complex of symptoms typically seen in middle-aged men who, by a process of exclusion, are diagnosed as having acute or chronic prostatitis. With prostatitis, perineal pain may be accompanied by suprapubic pain, low back pain that radiates to the legs and penile pain as well as frequency of micturition and dysuria. In the absence of the specific features that are required to diagnose prostatitis, these patients should be considered to have chronic pelvic pain syndrome (CPPS) and not prostatitis. Perineal pain is an ominous symptom after previous treatment for a pelvic malignancy, often signifying recurrent pelvic disease.

Renal colic is a misnomer and should be referred to as ureteric colic. Renal pain can be distinguished from ureteric colic by careful history taking. Renal pain and ureteric colic may be experienced simultaneously. Ureteric colic may radiate to the groin/testicle/labium. Ureteric colic does not radiate to the chest or the back of the leg.

To be able to: Select the appropriate diagnostic tests •

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