Chronic Prostatitis/Chronic Pelvic Pain Syndrome

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SUMMARY

The past 5 years have seen exponential growth in etiologic research and evidence-based therapies for chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). The focus of this chapter is on symptomatic men without urinary tract infection (UTI), those classified as CPPS or NIH category III. The authors cover etiologies, diagnosis, evaluation, and treatments, including antimicrobials, anti-inflammatory agents, alpha blockers, hormonal manipulations, prostate massage and ejaculation, surgery and minimally invasive therapy, and alternative medicine.

KEY WORDS: Chronic prostatitis; chronic pelvic pain syndrome; bacterial prostatitis; prostate; urinary tract infection; alternative medicine; evidence-based medicine.

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INTRODUCTION

Few conditions in urology are as prevalent and yet as enigmatic as chronic prostatitis (CP). For decades, the condition has been long on hypotheses and short on data. The past 5 years, however, has seen exponential growth in etiologic research and
evidence-based therapies. In this chapter, we will review the latest developments in our understanding of the CP syndromes as well as practical, evidence-based advice for the management of these challenging patients. Our focus will be on symptomatic men without urinary tract infection (UTI), those now classified as chronic pelvic pain syndrome (CPPS) or NIH category III.

CLASSIFICATION

One of the earliest attempts at a classification system for CP was made in 1978 by Drach et al. (1) and is presented in Table 1. This classification system was based on patient symptoms and localizing bacterial cultures published by Meares and Stamey 10 years before (2). The “four-glass test” localization study collected first-voided urine (VB1), mid-stream urine (VB2), prostatic fluid [expressed prostatic secretions (EPS)], and post-prostate massage urine (VB3) and subjected each to microscopic WBC count and EPS. It is important to emphasize that this four-glass test was designed only to help localize the source of a male UTI, not to diagnose the cause of pelvic pain. Drach et al. proposed the use of this localization test as a way to classify prostatitis. It is now referred to as the traditional classification system of prostatitis. Acute bacterial prostatitis was defined as an acute febrile UTI. The chronic bacterial prostatitis was defined as recurrent UTI in which bacteria and WBCs were found in the EPS at levels significantly higher than any found in the pre-massage urine. The diagnosis of non-bacterial prostatitis was defined as WBCs but not bacteria in EPS or VB3. Finally, prostatodynia was used to refer to patients with typical symptoms but without any WBCs or bacteria recovered from prostatic secretions. Unfortunately, this classification

<table>
<thead>
<tr>
<th>Traditional</th>
<th>NIH</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute bacterial prostatitis</td>
<td>Cat. I</td>
<td>Acute bacterial infection of the parenchyma of the prostate</td>
</tr>
<tr>
<td>Chronic bacterial prostatitis</td>
<td>Cat. II</td>
<td>Chronic infection of the prostate gland</td>
</tr>
<tr>
<td>Not applicable</td>
<td>Cat. III/CPPS</td>
<td>Chronic GU pain. No pathogenic microorganisms localized to the prostate by standard methods</td>
</tr>
<tr>
<td>Nonbacterial prostatitis</td>
<td>Cat. IIIA</td>
<td>Significant number of WBCs present in semen, post-prostatic massage secretion, or expressed prostatic secretions</td>
</tr>
<tr>
<td>Prostatodynia</td>
<td>Cat. IIIB</td>
<td>No significant number of WBCs present in semen, post-prostatic massage secretion, or expressed prostatic secretions</td>
</tr>
<tr>
<td>Not applicable</td>
<td>Cat. IV</td>
<td>WBCs/bacteria present in semen, post-prostatic massage secretion, expressed prostatic secretions, or histologic specimens of prostate in the absence of symptoms</td>
</tr>
</tbody>
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