Urethral destruction is only occasionally the reason for prostatitis and Cowperitis and prostatitis is only demonstrated occasionally to complicate urethral stricture. It is a dependence of prostatitis and spastic urethral obstruction in the neuropathic bladder.

Introduction

The term “prostatopathic syndrome” is used for patients complaining of prostatodynia irrespective of its etiology. It summarizes prostatodynia and chronic bacterial and abacterial prostatitis, since the patients’ complaints are identical. “Vegetatives Urogenitalsyndrom” in the German literature means prostatodynia without organic substrate. The term was introduced by Drach et al. [4] and the German classification is compared in Fig. 1. From the clinician’s point of view, there is good reason for summing up the whole complex. One only must be aware
that prostatopathy means a characteristic syndrome of complaints caused by different diseases. The patient suffering from this syndrome often has typical features—bold manners masking unsteadiness, face full of grief, often hidden behind a beard. The experienced urologist knows at first sight the complaints before the patient starts to tell his history. Bearing in mind the rate of therapeutic failures and the recurrence rate of both prostatodynia and prostatitis, the disapproval of many doctors to these patients can be explained. This aversion explains the existing terms like “crux medicorum” or “old woes” [9]. New theories about some universal cause for all annoying troubles are welcome if there are therapeutic possibilities to challenge them. So the theory of the psychogenic origin was attractive until psychotherapy proved to be ineffective. The pelvic floor tension myalgia [12] is a similar effort to find a universal explanation. Bulbar urethral stenosis seemed for a time to be an all-purpose key in the development of prostatopathic syndrome. As it will be demonstrated, this hope has proved illusory. It is the purpose of this paper to specify the importance of urethral obstruction as one of several factors in the pathology of prostatitis and prostatodynia.

**Urethral stricture**

Stricture means increase in hydrostatic pressure and turbulence of urinary stream in the prestenotic urethra during micturition. Urodynamic changes therefore concern the prostatic urethra irrespective of the site of stricture. Prostatodynia is the expression of this unspecific irritation of the proximal urethra. Some mild form of prostatodynia therefore is rarely ever neglected in an accurate anamnesis of patients with urethral stricture.

Increase in pressure and turbulence in the urethral lumen, moreover, are a twofold hazard for the peripheral zone of the prostate. The excretory ducts of this part of the gland enter the infracollicular urethra in a rectangular, partially retrograde direction without sphincteric mechanism [7]. Urethral pressure therefore is continued into the gland. Chemical analysis of prostatic calculi prove urethroprostatic reflux to exist [13]. The periodic mechanical strains suggest the “water hammer effect” in vesicoureteral reflux. Besides this mechanic trauma, turbulence favours passive propagation of bacteria in case of urethritis, frequently complicating urethral stricture.

Regarding this concept, it is not surprising at all that urethral strictures occasionally give rise to destructive inflammation of the prostate and seminal vesicles demonstrated by reflux of contrast medium (Fig. 2). The aspect mimics tuberculosis. It must be stressed that even severe changes can be overlooked when only retrograde urethrogramraphy is done. Voiding urethrogram therefore is essential in the diagnostic pattern. When destructive prostatitis is present, treatment of stricture must be completed by transurethral resection of the destroyed gland. Otherwise, recurrence of the stricture would be inevitable because of persistent prostatourethritis.