

AB001. Prostate-pelvic syndrome: new theory and new practice

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Abstract: Chronic prostatitis is a common prostate disease in men, with a lifetime prevalence of about 1.8–8.2%. The traditional view is that chronic prostatitis is caused by pathogens or infectious factors, and patients have symptoms such as painful discomfort in the prostate, abnormal urination, and even sexual dysfunction. Prostatitis is usually divided into four types according to the classification method of the National Institutes of Health. The most common type is type III, which is chronic prostatitis/chronic pelvic pain syndrome. According to the number of white blood cells in the prostatic fluid to divide it into two groups, type IIIA and IIIB. In recent years, studies have found that bacteria, inflammation, neuropsychological factors, abnormal organ function, pelvic floor muscle dysfunction are all related to the occurrence of chronic prostatitis. Our study also found that the incidence of prostatitis-like symptoms in China was 8.4%. And there was no difference in the types and numbers of pathogenic microorganisms in the prostatic fluid of chronic prostatitis patients compared with health people. At the same time, in clinical work, we found that white blood cells in the prostatic fluid of patients is not consistent with the severity of clinical symptoms, we

believe that relying solely on white blood cells to diagnose this symptom and judge the treatment effect is insufficient. Hence, we put forward the concept of “prostate-pelvic syndrome”, emphasizing prostate-pelvic cavity as the core, eliminating the presence of pathogenic microorganisms and other diseases, pain and/or urination. Prostate-pelvic syndrome is group of abnormal symptoms, dividing into main symptoms and minor symptoms, the main symptoms include: (I) pain symptoms (including perineum, lower abdomen, testes, penis, lumbosacral, dysuria, pain after sex, etc.); (II) urinary symptoms (including frequent urination, incontinence, etc.). The minor symptoms include: (I) mental and psychological symptoms (including anxiety, depression, insomnia, memory loss, etc.); (II) sexual dysfunction (including loss of libido, premature ejaculation, erectile dysfunction, etc.); (III) reproductive dysfunction (including semen nonliquefaction, less semen, weaker semen, etc.); (IV) other symptoms (such as dripping white, etc.). “Prostate-pelvic syndrome” is currently diagnosed as long as the patient meet any of the one main symptoms with/without several minor symptoms, without remission self-adjusted. Of course, how to judge the severity of the disease and verify the validity and practicability of this standard is currently being further explored through multicenter study.

Keywords: Chronic prostatitis; sexual dysfunction; prostate-pelvic syndrome; urinary symptoms

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