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Introduction & Objectives: Tuberculosis (TB) of the prostate is difficult for diagnosis, especially in the early stages.

Materials & Methods: In an open prospective cohort study 84 patients with clinical and laboratory manifestations of chronic bacterial prostatitis were included. The average age was of 46.1 ± 11.5 . Including criteria were: Duration of the disease at least 3 years, poor results of standard therapy, relapses at least 2 in 6 months or 3 in year, 15 and more leucocytes in expressed prostatic secretion, growth of uropathogen in expressed prostatic secretion / ejaculate at least 10^3 CFU/ml, score symptoms by NIH-CPSI (National Institute of Health Chronic Prostatitis Symptom Index) 15 and more. Purpose of the study - to estimate the most significant diagnostic criteria for prostate TB.

Results: In 45 patients (53.6%) prostate TB was diagnosed, and in 39 patients (46.4%) chronic bacterial prostatitis (CBP) was diagnosed. In 53.3% of prostate TB patients active TB of other organs, mostly lungs, was found. The diagnosis of prostate TB was confirmed by microbiology in 33.3% of patients, by radiology - in 24.4% of patients. A prostate biopsy followed by histological, bacteriological and molecular-genetic examination of the biopsy specimen confirmed the diagnosis in 20% of patients. Among CBP patients active TB of other organs was found in 7.7%. About all (37 / 94.9%) CBP patients have shown growth of multi-resistant uropathogens in prostate secretion / ejaculate.

Conclusions: Poor results of standard therapy for CBP may be explained by both a resistance of uropathogen and prostate TB, which was masked by chronic prostatitis. The most informative in the differential diagnosis of tuberculosis and chronic prostatitis is the identification of *M. tuberculosis*; verification of diagnosis by radiology is possible only with the development of destruction of the parenchyma, and it is not early stage. The biopsy specimens of the prostate should be examined not only pathologically, but by molecular genetic methods.