25

Comparative analysis of clinical and laboratory parameters in patients with chronic primary bacterial prostatitis and chronic recurrent bacterial prostatitis

Ibishev K.S , Kogan M.I , Krainiy P.A , Krakhotkin D.V. , Hamad T.M-S , Zaklepenko S.V , Ryabenchenko N.N , Nagornaya G.Y

Rostov State Medical University, Dept. of Urology, Rostov-on-Don, Russia

Introduction & Objectives: Chronic bacterial prostatitis is one of the most significant diseases of the male population. Despite the ongoing antibiotic therapy, according to individual antibiogram and the recommendations of the EAU, the frequency of recurrence of the disease remains high.
To compare the degree of severity of disease between chronic primary bacterial prostatitis and chronic recurrent bacterial prostatitis (CRBP) based on clinical and laboratory.

Materials & Methods: Ninety patients aged 20-45 years with a diagnosis of CBP were examined. The questionnaires NIH CPSI, IPSS and the Hamilton's scale were used for assessment of clinical symptoms and neurovegetative disorders, respectively.The significant correlation was established between the clinical course of the disease and the number of relapses within one year. Given this circumstance, the patients were divided into two groups: group I-51 men with CRBP, the number of exacerbations during the year>2,group II-39 men with CBP,the number of exacerbations during the year<2.

Results: The assessment of severity symptoms was established the following: the average score of the NIH-CPSI in group I was 22.3±5.0,in group II-15.8±2.9, and the total score of the domain pain in group I was 11.9±2.4 and in group II, 8.4±2.4.The evaluation of data IPSS showed that a total score in groups I and II was 7.6±2.8 and 4.5±2.9, respectively. The Hamilton scale in group I was 16.1±6.1 and in group II,6.0±2.7. Microscopic examination of prostatic secretion for the amount of leukocytes in the prostate secretion demonstrated that in patients of group I was 198.0 ± 70.8,and in group II-133.6±69.6. During analysis of the parameters of urofolometry,the maximum flow rate corresponded to the standard indicators and was 16.5±6.3 in group I,20.29±8.6 in group II. But interesting data were obtained in the immunological study of prostatic secretion since the analysis of the average value of immunoglobulins (Ig) in patients of group I showed increasing only IgG (IgG-4.07±2.27,IgA-0.94±0.38,IgM-0.04±0.02), and in group II, the level of all Ig corresponded to standard indicators (IgG-0.86±0.09,IgA-0.20±0.04,IgM -0,03±0.00). In addition, there are significant differences in the average level of pro-inflammatory interleukins in the prostatic secretion. So,in patients group I, the level was (IL1-246.94±39.4,IL6-153.5±23.6,IL-8-455.3±137.3), but in the patients group II the level of IL was significantly lower (IL1-43.71±23.0,IL6-9.26±6.64,IL8-315.3±132.7).

Conclusions: Thus, CBR and CRBP differ by clinical and laboratory parameters. CRBP has a more severe course of the disease compared with CBP. The findings suggest an increase the level of pro-inflammatory cytokines (IL1,IL6 and IL8) in the prostatic secretion in patients with CRBP can be used as prognostic markers for the severity of disease.