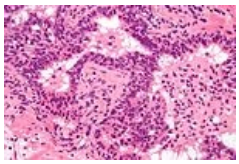
Prostatitis acuta

Acute prostatitis most often occurs in young men. It usually occurs as a result of reduced immunity, colds, transmission of infection after sexual intercourse or urinary tract infection.


Acute inflamation of prostate

Etiology

Most often acute prostatitis is caused by **bacterial infection**, currently the main pathogens are Chlamydia spec., Trichomonas vaginalis or Ureoplasma. Other uropathogens are common (E. coli, Klebsiella sp., Proteus). However, it can also be abacterial.

Symptomatology

Acute prostatitis usually manifests itself as a sudden febrile illness. At the forefront are **severe pains** in the suprapubic and perineal region, which are accentuated during **micturition** and during **defecation**. The patient complains of dysuric discomfort. Hematuria or hemospermia is often present. The seminal vesicles are affected at the same time as the prostate, so we can talk about **prostatovesiculitis**. The disease is accompanied by **general symptoms** (fever, weakness, shivering, nausea, vomiting), the temperature may fluctuate and rise to septic values. The whole organism is altered, the patient may be breathless, have tachycardia, tachypnea, hypotension. The disease may progress to sepsis.

The abdomen is palpably painful in the suprapubic region. On per rectum examination, the prostate is very painful to the palpation and markedly oozing, irregular in shape.

Diagnostics

Diagnosis is based on **clinical picture**, physical examination, microscopic picture and **culture** of urine or prostatic fluid. This is obtained by massage of the prostate gland, which relaxes the glandular ducts. We find massive leukocytic infiltration.

Treatment

Acute stages with alteration of the general condition are treated during hospitalization by parenteral administration of bactericidal antibiotics that penetrate into the prostate tissue (combination of aminoglycosides, broad-spectrum penicillins or cephalosporins of II-III generation or fluoroquinolones of III and IV generation). We then switch to oral fluoroquinolones or cotrimoxazole. In less severe cases, outpatient treatment for 4-6 weeks is sufficient. Simultaneously we administer spasmolytics and analgesics (NSAIDs specific to COX II, alpha-adrenoceptor blockers). We help drain the inflammatory infiltrate from the glands with massage.

⚠ **CAVE!** Prostate massage is **contraindicated** in the acute course! There is a risk of spreading infection and bacteremia.

Antibiotics are given for at least 30 days to minimize the risk of progression to chronic prostatitis.

Complications

When febrile peaks persist with adequate antibiotic therapy, we must think about the possibility of an abscess, which we diagnose with TRUS or CT of the pelvis. Other complications include the development of **urosepsis**, **epididymitis** or pyelonephritis, or the transition to chronic or granulomatous prostatitis.

References

Related articles

- Prostate

Sources

- PORŠOVÁ, Martina – PORŠ, Jaroslav – KOLOMBO, Ivan. Prostatický syndrom. *Urologie pro praxi* [online]. 2006, y. 2006, vol. 1, p. 24-27, Available from <http://www.solen.cz/pdfs/uro/2006/01/06.pdf>. ISSN 1803-5299.