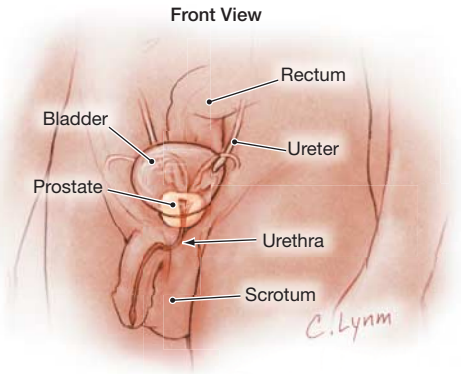
Prostatitis

The **prostate** gland is a walnut-sized gland surrounding the **urethra** (urinary tube), located directly below the bladder. It produces a fluid that helps transport sperm during ejaculation. Inflammation or infection of the prostate results in **prostatitis**. It affects about 10% of men of all ages but most often those in their 40s. Prostatitis has several forms. The most common is a **nonbacterial** (no infection) inflammation that causes pelvic pain and is also called **chronic pelvic pain syndrome**. Less common is an acute bacterial infection lasting for several days, and least common is a chronic bacterial infection that recurs and may last for weeks or months.

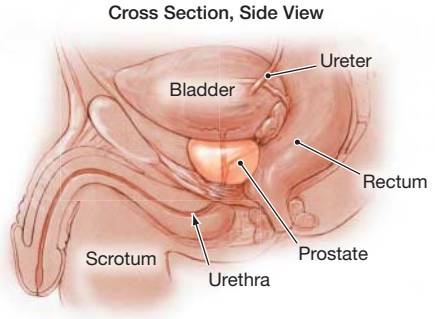
CAUSE

The cause of nonbacterial prostatitis/chronic pelvic pain syndrome is unknown, but it may be related to previous infection with a bacteria or virus. Bacterial prostatitis is caused by bacteria that enter the urethra or bladder and then infect the prostate.



SYMPTOMS AND SIGNS

Men with prostatitis typically have persistent pain between the scrotum and rectum that may also be felt in the groin and genitals. The pain may also occur with urination, and it may be accompanied by urgency and frequency of urination and painful ejaculation. The acute bacterial form of prostatitis causes fever, chills, and flu-like symptoms such as nausea and vomiting. Men with acute prostatitis sometimes require hospitalization. Chronic bacterial prostatitis may result in recurrent urinary tract infections.



DIAGNOSIS

A thorough workup is important for diagnosis because symptoms of prostatitis are not very specific and can resemble inflammation of the urethra or other problems. A digital rectal examination and urine analysis are usually sufficient to diagnose prostatitis. However, your doctor may refer you to a **urologist** (a specialist in urinary tract diseases) who may perform additional studies such as analysis of prostate secretions, a prostate-specific antigen (PSA) blood test, **urodynamics** (bladder pressure testing), or **cytoscopy** (an examination in which a flexible fiberoptic tube with a camera is used to see the urethra and the bladder from inside). Imaging tests such as transrectal ultrasound, computed tomography (CT), and magnetic resonance imaging (MRI) might also be performed. Rarely, if prostate cancer is suspected, a prostate biopsy may be performed. However, prostatitis does not increase the risk of prostate cancer.

TREATMENT

There is no known way to prevent prostatitis. Bacterial prostatitis is treated with antibiotics for 4 to 16 weeks. Nonbacterial prostatitis/chronic pelvic pain syndrome may be treated with pain relievers, physical therapy, antibiotics, or medications to help urination and relax the bladder muscles. Lifestyle changes may be recommended, including exercise; avoiding alcohol, caffeine, and spicy foods; or using a cushion while sitting.

COMPLICATIONS

Untreated bacterial prostatitis may lead to **sepsis** (an infection in the blood that is a medical emergency), infection of the testicles, prostate abscess, or infertility. If you experience pain while urinating or pain in the scrotal area, you should contact your doctor for an examination.

Source: National Institute of Diabetes and Digestive and Kidney Diseases

FOR MORE INFORMATION

- National Kidney and Urologic Diseases Information Clearinghouse http://kidney.niddk.nih.gov/kudiseases/pubs/prostatitis/index.htm

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