

Το περιστατικό ως υποθετικά δύο διαφορετικές οντότητες



A) Άνδρας 68 ετών
Τι θα κάνατε

B) Q_{max} 13ml/s
Τι θα κάνατε

Κλινικό περιστατικό: Ερωτήσεις

- Ποιο το κυρίαρχο - οδηγό σύμπτωμα;
Πόνος ή συχνουρία/δυσκολία;
- Υπάρχουν άλλες εξετάσεις που θα θέλατε να ζητήσετε;
NIH – Chronic Prostatitis Symptom Index;
- Αλλαγή συνηθειών – υποστήριξη;
Κατανάλωση αλκοόλ - άγχος - συνεργασία

The 2013 EAU Guidelines on Chronic Pelvic Pain: Is Management of Chronic Pelvic Pain a Habit, a Philosophy, or a Science? 10 Years of Development

5.1. Case example: prostate pain

A 38-yr-old male patient was referred for refractory prostate pain. Symptoms had started approximately 10 months earlier, with an acute infection of the prostate with urinary symptoms including painful micturition, urinary frequency, and urgency. Elevated leukocytes (100 leukocytes per microlitre) in midstream urine were found, with no bacteria, chlamydiae, mycoplasma, or *Neisseria gonorrhoea*. After a short course of quinolone antibiotics, the micturition symptoms reappeared, including hesitancy and straining as well as diffuse pain in the pelvic area. Subsequently, two or three alternative antibiotics were administered for some time without improvement, and infection was never confirmed by urinalysis and urine culture or a pre- and postmassage test. The patient was afraid he had cancer because his father had died of prostate cancer some years ago; he was thinking of his pain all day long, and this had a major impact on his daily activities.

The pain was also negatively influencing the patient's relationship with his wife. Because of painful ejaculation, his sexual activity was reduced. He also reported that passing hard stools aggravated the pain. Pain was mainly perceived in the suprapubic area, the left scrotum, and the penile tip as well as the perineum and rectum. Long periods of walking could alleviate the symptoms, whereas sitting for a longer time, especially on a motorbike in cold weather, worsened the pain. The NIH Chronic Prostatitis Symptom Index total score was 31, with a mean visual analogue scale (VAS) for pain of 7 out of 10.

Examination of the patient showed pain on palpation of the left epididymis. Rectal examination revealed a hyperactive, nonrelaxing pelvic floor and pain on palpation of a soft prostate. A trigger point (tender area that reproduced many of the pain symptoms) was found in the puborectalis muscle. No sensory or motor deficits were found on neurologic examination. Uroflowmetry showed a reduced maximal flow rate, but no residual urine was found. Flexible cystoscopy findings were normal except for painful passage through the hyperactive external urinary sphincter. Previous pelvic magnetic resonance imaging had not revealed any abnormalities.

The nature of the pain syndrome, including the lack of evidence for cancer, was explained to the patient and his wife. Advice was given regarding avoidance of pain-promoting factors such as sitting on cold and hard surfaces. In addition, the patient was encouraged to carry out physical activity as a pain-reducing behaviour. The patient used a local warming pad on a regular base. Oral therapy included an α -blocker for the lower urinary tract symptoms and a nonsteroidal anti-inflammatory drug to treat phases of worsening pain.

The patient was referred to a physiotherapist, who treated him with pelvic floor muscle exercises, biofeedback, and electrostimulation. After 5 mo, the patient reported a fluctuating improvement in pain to a mean VAS of 2–3. Lower urinary tract symptoms were also slightly improved. With careful explanation, psychological and physical support promoting self-management he could live with the pain and accept his situation much better than before.

Engeler et al, Eur Urol 2013

The natural history of lower urinary tract dysfunction in men: minimum 10-year urodynamic follow-up of untreated bladder outlet obstruction

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- 170 ασθενεις χωρις θεραπεια με μεσο follow-up 13.9 ετη.
- Σημαντικες ουροδυναμικες αλλαγες: ↓ της συσπασης του εξωστήρα (Qmax - PVR) και ↑ συχνότητα εξωστηριακης υπερδραστηριότητας
- Περισσότεροι ασθενεις χωρις αλλαγες στη συμπτωματολογία αλλά μια μικρη μειονότητα είχε σημαντικη προοδευτικη επιδεινωση
- 29 αποτυχίες: 22 χειρουργείο και 7 επίσχεση

The small urodynamic deterioration that occurred was related to deterioration in detrusor function and not to an increase in obstruction. Therefore, **those men who do not wish to be treated surgically can be reassured that they are unlikely to deteriorate either quickly or significantly, even over a long period.** These findings justify a conservative approach to men with LUTS associated with BOO.

Η επίδραση των θεραπειών της ΚΥΠ στη σεξουαλική λειτουργία

Treatment	ED (%)	↓ Libido (%)	Abnormal ejaculation (%)
α-blockers	3.0-5.0 ?	1.0-3.0	0.0-28.0 <i>Dox: 0.0 Tamsu:10.0 Silod :28.0</i>
5-ARIs	7.3-8.1	4.2-6.4	2.2-4.5
CombAT	9.0	4.0	7.0
MTOPS	5.11*	2.51*	3.05*
TURP	6.5	-	65.4
TUIP	-	-	18.2

*data expressed as rate per 100 person-years

Κλινικό περιστατικό: Αντιμετώπιση

- Συζήτηση – συζήτηση – συζήτηση:
Τι θέλει – τι πρέπει να περιμένει
- Χειρουργική vs συντηρητική
- Χειρουργική: TUIP
Συντηρητική: Φυσιοθεραπεία – αλλαγή τρόπου ζωής-
α-blockers (ως πότε?)

	LE	GR
When considering surgery in men with bothersome, predominantly voiding LUTS, PFS should be performed in men aged < 50 years	3	B

NIH-Chronic Prostatitis Symptom Index (NIH-CPSI)

Pain or Discomfort

1. In the last week, have you experienced any pain or discomfort in the following areas?

	Yes	No
a. Area between rectum and testicles (perineum)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. Testicles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. Tip of the penis (not related to urination)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. Below your waist, in your pubic or bladder area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

2. In the last week, have you experienced:

	Yes	No
a. Pain or burning during urination?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. Pain or discomfort during or after sexual climax (ejaculation)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

3. How often have you had pain or discomfort in any of these areas over the last week?

₀ Never
₁ Rarely
₂ Sometimes
₃ Often
₄ Usually
₅ Always

4. Which number best describes your AVERAGE pain or discomfort on the days that you had it, over the last week?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
NO PAIN					PAIN AS BAD AS YOU CAN IMAGINE					

Urination

5. How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week?

₀ Not at all
₁ Less than 1 time in 5
₂ Less than half the time
₃ About half the time
₄ More than half the time
₅ Almost always

6. How often have you had to urinate again less than two hours after you finished urinating, over the last week?

₀ Not at all
₁ Less than 1 time in 5
₂ Less than half the time
₃ About half the time
₄ More than half the time
₅ Almost always

Impact of Symptoms

7. How much have your symptoms kept you from doing the kinds of things you would usually do, over the last week?

₀ None
₁ Only a little
₂ Some
₃ A lot

8. How much did you think about your symptoms, over the last week?

₀ None
₁ Only a little
₂ Some
₃ A lot

Quality of Life

9. If you were to spend the rest of your life with your symptoms just the way they have been during the last week, how would you feel about that?

₀ Delighted
₁ Pleased
₂ Mostly satisfied
₃ Mixed (about equally satisfied and dissatisfied)
₄ Mostly dissatisfied
₅ Unhappy
₆ Terrible

Scoring the NIH-Chronic Prostatitis Symptom Index Domains

Pain: Total of items 1a, 1b, 1c, 1d, 2a, 2b, 3, and 4 = _____

Urinary Symptoms: Total of items 5 and 6 = _____

Quality of Life Impact: Total of items 7, 8, and 9 = _____

- Calculate and report 3 separate scores (pain, urinary symptoms, and quality of life)
- Calculate and report a pain and urinary score (range 0-31), referred to as the "symptom scale score. mild =0-9, moderate=10-18 severe=19-31.
- Calculate and report total score (range 0-43), referred to as the "total score." Assess patients at baseline and follow them over time using each patient as his own control. Can also use to compare to "norms" established and published