

The Role of Urethro-Prostatic Urine Reflux in the Development of Chronic Prostatitis Category III A and Its Complications

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Abstract

Introduction & objectives Chronic prostatitis of category III A takes the first place in the structure of inflammatory diseases. prostate gland. It leads to a disorder of blood circulation in the prostate gland and bladder, a decrease of of 5-alpha-androstenediol and an increase of the activity of alpha-adrenoceptors, the development of dynamic (spastic) infravesical obstruction, as well as the development of chronic pelvic pain in the pathogenesis of the disease. **material & methods.** To increase the effectiveness of treatment of patients with chronic prostatitis category III A by including the pharmacological correction of urethro-prostatic urine reflux in the recommended standard therapy, which developed with irritatively caused urethral obstruction. There are 32 patients with chronic prostatitis, category III A, urethro-prostatic urinary reflux and irritatively caused urethral obstruction in urological clinic for the diagnosis of chronic prostatitis, category III A the average;portion of urine and secretion of the prostate were examined physicaly, Laboratory and microbiologically in all patients, symptoms of filling and emptying of the bladder were assessed using the IPSS, and the quality of life was assessed by the QoL and EQ-5D scales, transrectal ultrasound (TRUS) with dopplerography, abdominal ultrasound and organs of the small pelvis. to confirm irritively caused urethral obstruction, uroflowmetry was performed in patients. All patients had chronic pelvic pain and urodynamic disorders with predominance of irritative-obstructive symptoms. According to the TRUS, the dense formations type A and B in the prostate were determined in 29 of 32 (90.6%) patients. **Results.** Treatment:For the elimination of urethro-prostatic urinary reflux with the irritative caused urethral obstruction, a selective $\alpha 1$ -adrenoblocker was used. The duration of treatment with $\alpha 1$ -adrenoblockers is 60 days. In addition, according to the recommendations of the EAU (Guideline, 1998), these patients were prescribed antibiotic therapy for two weeks. According to CT scans with bolus contrast before the treatment course, urethroprostatic urine reflux was detected in all patients. After completion of treatment urethro-prostatic urinary reflux was not detected in 30 of 32 patients (93.8%). **Conclusions** 1.Urethro-prostatic urine reflux with irritatively caused urethral obstruction, is very important in the pathogenesis of chronic prostatitis category III A. 2. It causes the advisability of using selective $\alpha 1$ adrenoblockers to eliminate urethro-prostatic urine reflux and their high therapeutic efficacy in patients with chronic prostatitis category III A.

Keywords

Chronic Prostatitis, Urine Reflux, Chronic Pelvic Pain