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DISCUSSION FOLLOWING DR. DATTA'S PRESENTATION

J. Curtis Nickel, MD (Kingston, Ontario, Canada): There is an abstract that was just published in the *Journal of Urology* looking at tamsulosin versus placebo.¹ It is a company-sponsored trial, which was underpowered. However, the investigators did use appropriate inclusion criteria and validated outcomes. It seemed to show some benefit for tamsulosin versus placebo.

Scott I. Zeitlin, MD (Los Angeles, California): You said that reflux through the acini to the peripheral zone can lead to chronic prostatitis. Are you implying that is where chronic prostatitis exists?

Nand S. Datta, MD (Los Angeles, California): When they did microdissection studies, in most patients, they found lesions in the peripheral zone.

Dr. Zeitlin: You mean on transrectal biopsy, correct?

Dr. Datta: I am talking about postmortem studies.

Dr. Zeitlin: However, do we know where chronic prostatitis exists in those patients who had been diagnosed with chronic prostatitis?

Dr. Nickel: Those studies were done in Britain, first of all by Blacklock² and then by Kirby when he was a fellow.³ Basically, they put India ink or fine charcoal particles in the bladder before a transurethral resection of the prostate (TURP), and the patient voided it out. Then, when they did the TURP, they tried to determine where the particles had collected. Their conclusion was that the particles were mainly in the periphery.

When we actually go back and look at it, it was just a simple comment that there appeared to be more inflammation as the duct went out to the periphery.

John N. Krieger, MD (Seattle, Washington): If you do step sections of prostates removed for various reasons, whether for cancer or benign prostate hyperplasia, you will find inflammation in the great majority of cases. In patients with no history of pelvic or prostatic pain, I have had the experience of sending pathology specimens that exhibited pathologic inflammation in the prostate.

Anthony J. Schaeffer, MD (Chicago, Illinois): So it is fair to say we do not know whether there is a role in inflammation in this condition.

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