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DISCUSSION FOLLOWING DR. FOWLER'S PRESENTATION

Anthony J. Schaeffer, MD (Chicago, Illinois): The recommendations we make for urinalysis and culture also serve to rule out other conditions that the pelvic pain could be masking or mimicking. Dr. Shoskes mentioned carcinoma in situ. You should do a urinalysis to rule out other conditions, and you ought to do a culture. If you have positive cultures, as Dr. Fowler suggested, then you investigate localization, and if you have a positive urinalysis, you can start talking about other things.

Daniel A. Shoskes, MD (Weston, Florida): This is based on the supposition that you do not get symptoms from bacteria unless you have a urinary tract infection.

Dr. Schaeffer: Yes. That is true. Have you ever seen a person with documented bacterial prostatitis, but without a urinary tract infection, who has symptoms?

Dr. Shoskes: Because we are just commenting on particular case reports, I can think of several patients without a urinary tract infection who were found to have *Escherichia coli*; antibiotic treatment eradicated the *E. coli* and eradicated the symptoms. This is a personal observation. Unless I have missed some of the published data, I do not think that it is proved.

J. Curtis Nickel, MD (Kingston, Ontario, Canada): We had 102 patients in our study; approximately 50% of them had a significant clinical improvement on fluoroquinolones without bacteria. So quinolones may do more than just treat bacterial infections. Or alternatively, we are not culturing the responsible pathogen. At the very least you should do a urine culture. Is it mandatory to do a localization culture? That is the question.

Dr. Schaeffer: Do we want to mandate a urine localization culture versus a urine culture?

Michel Pontari, MD (Philadelphia, Pennsylvania): In terms of what we want to say about antibiotics, I know the European Commission said in 1998 that all patients should have a course of antibiotics.[1] Localization cultures or not, I think everybody deserves one 4- to 6-week course of antibiotics. Is that what we all do?

Dr. Schaeffer: We never see anybody like that. Approximately 90% of our patients have already been treated.

Dr. Nickel: The study I did was with primary care urologists, and those men treated with the quinolone are patients that this group does not usually see. I do not think we can make too many recommendations until we know the National Institutes of Health (NIH) RCT1 results. Right now, I still recommend that every patient probably should have 1 trial of antibiotic. If it does not relieve symptoms, then it should not be tried again.

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