

DISCUSSION FOLLOWING DR. ZEITLIN'S PRESENTATION

Robert B. Nadler, MD (Chicago, Illinois): Has anybody ever looked at transurethral resection of the prostate (TURP) for prostatitis?

Scott I. Zeitlin, MD (Los Angeles, California): Yes, there is a study from Barnes *et al.*¹ that claimed >66% improvement. However, in the 5 to 10 patients I have seen who have had a TURP procedure, only 1 patient showed real improvement in his pain symptoms.

J. Curtis Nickel, MD (Kingston, Ontario, Canada): We have used transurethral needle ablation (TUNA) and have not been very happy with this approach, so we probably would not advocate it. TUNA has been reported to improve symptoms in a pilot study,² but a recently reported randomized sham-controlled trial failed to show benefit over placebo therapy.³

Dr. Zeitlin: You have to look at the protocols with TUNA because they can be very variable. Essentially, when the TUNA delivers the therapy, the impedance is going to affect how much energy and heat you generate within the prostate.

Dr. Nickel: Burning holes in a prostate does not seem to me to be the proper thing to do with these patients.

Dr. Nadler: Anecdotally, I have performed microwave procedures for benign prostatic hyperplasia, and some patients develop bad epididymitis. Also anecdotally, we diagnosed prostate cancer in a patient with prostatitis and did a radical prostatectomy. He still has many of the same symptoms despite lacking a prostate. You begin to wonder if, in doing these destructive procedures on the prostate, you may have a fairly large percentage of patients that you just harm.

Daniel A. Shoskes, MD (Weston, Florida): I think this is a key issue that institutional review boards also should be aware of in assessing trials. Of all the therapies we have discussed, this is the only therapy that has the potential to make people worse. I have never seen someone go on antibiotics or an α -blocker and be much worse at the end of the therapy than they were at the start. But I have seen people who had moderate pain; then they underwent this therapy and were made much worse.

John N. Krieger, MD (Seattle, Washington): I agree with your point. We do see men with ill effects of long-term antibiotics. However, the rate of these severe adverse side effects is very well defined and is quite low. Your point is well taken. You have the potential for adverse effect rates of 30% or 40% for some of these heat therapies.

REFERENCES

1. Barnes RW, Hadley HL, and O'Donoghue EP: Transurethral resection of the prostate for chronic bacterial prostatitis. *Prostate* 3: 215–219, 1982.
2. Chiang PH, Tsai EM, and Chiang CP: Pilot study of transurethral needle ablation (TUNA) in treatment of nonbacterial prostatitis. *J Endourol* 11: 367–370, 1997.
3. Leskinen MJ, Kilponen A, Lukkarinen O, *et al*: Transurethral needle ablation (TUNA) does not relieve the symptoms of chronic pelvic pain syndrome (CPPS). Presented at the American Urological Association Annual Meeting; Orlando Florida; May 25 to 30, 2002.