

COMPARISON OF THE EFFICIENCY OF TRIPLE AND MONOTHERAPY IN CATEGORY IIIB CHRONIC PELVIC PAIN SYNDROME (CPPS)

Tugcu V.¹, Tasci A.İ¹, Fazlioglu A.², Gurbuz G.³, Odunctemur A.³, Ozbek E.³, Cek M.²

¹Bakırköy Dr. Sadi Konuk Research and Training Hospital, Urology, İstanbul, Turkey, ²Taksim Research and Training Hospital, Urology, İstanbul, Turkey, ³SSK Vakıf Gureba Research and Training Hospital, Urology, İstanbul, Turkey

INTRODUCTION & OBJECTIVES: We investigated the efficiency of monotherapy with a-blocker and combination therapy (a-blocker, muscular relaxant and analgesic) using National Institute of Health - Chronic Prostatitis Symptom Index (NIH-CPSI) in chronic prostatitis.

MATERIAL & METHODS: 45 Patients (median age 34.18 ± 8.316) who presented with lower urinary tract symptoms suggestive of prostatitis were evaluated for bacterial infection by Mease-Steamey criteria and found to be negative ((leucocyte negative, culture negative (ureaplasma, mycoplasma and chlamydia)). 6 Patients were excluded from the study because of side effects of the drugs (gastric complaints in three patients, hypotension in three patients).

Group I; 20 patients were treated with combination therapy (a-blocker (5mg/day terazosin), muscular relaxant (120mg/day thiocolchicoside) and analgesic (1200mg/day ibuprofen). Group II; 19 patients were treated with monotherapy (a-blocker (5mg/day terazosin) for six months. Both of the groups were evaluated before and after treatment. SPSS 11.0 was used for statistical analysis. Pre- and post-treatment scores were compared by Wilcoxon test.

RESULTS: Pre-treatment NIH-CPSI scores in group I were 8.80, 7.00 and 6.05 for pain, urinary symptoms and quality of life, respectively. Post treatment NIH-CPSI scores were 3.45, 3.40 and 2.45, respectively. In group 2, pre-treatment NIH-CPSI scores were 9.89, 5.21 and 8.21 and post treatment scores were 4.74, 2.32 and 4.00, respectively. The decrease in pain, urinary symptoms and quality of life scores were statistically significant for both groups. There was no statistically significant difference between two groups with respect to efficiency of treatment.

CONCLUSIONS: We found that a-blocker monotherapy was as effective and safe as combination therapy in the treatment of category IIIB CPPS. Also, it was more economic than combination therapy.