Prevalence of Prostatitis in Men Treated with Prostatectomy (Open Prostatectomy, Transurethral Resection of Prostate) for Benign Prostatic Hyperplasia Induced Bladder Outlet Obstruction

Introduction and Objectives: To evaluate the prevalence of prostatitis in 2296 patients who had undergone prostatectomy (open prostatectomy, transurethral resection of prostate TURP) for benign prostatic hyperplasia (BPH).
Materials and Methods: Clinical parameters and pathology records were reviewed for 2296 patients who had undergone prostatectomy (488 open prostatectomies and 1808 TURPs) for BPH. The clinical and radiological parameters included: patient age, symptoms, digital rectal examination, and serum total PSA, abdominal and pelvic ultrasound, size of resected adenoma of the prostate, and transrectal ultrasound for patients with high PSA and or DRE. The pathological parameters included: BPH nodules, cancer prostate, and or associated prostatitis. The association of prostatitis with BPH and cancer prostate was assessed.
Results: There were 2236/ 2296 patients diagnosed as BPH (96.2%); 60 /2296 patients had incidentally discovered adenocarcinoma of the prostate (3.8%). Prostatitis was evident in 76.1% of 2296 patients 74% of BPH patients and 92% of prostate cancer patients had prostatitis in their pathology specimens with statistically significant correlations between prostatitis and both BPH and prostate cancer separately ($P<0.05$). The incidence of prostatitis was higher in patients with BPH with AUR (82.5%) than in those patients with BPH who were not in retention at the time of surgery (68%) ($P < 0.01$). Prostatitis was significantly associated with prostatectomy for AUR than prostatectomy for LUTS.
Conclusions: These data suggest a high association of prostatitis in men treated for prostate induced bladder outlet obstruction. The causes of such high prevalence require more demographic and epidemiologic studies.