Pathomorphology of Chronic Prostatitis

Introduction and Objective: The World Health Organization (WHO) recognized tuberculosis (TB) as a global problem, but meant TB as a whole, mostly pulmonary TB. Urogenital TB is not involved in attention of WHO, although 77% men who died from TB, had prostate TB, mostly overlooked alive. Prostate TB has an importance due to: 1. It is a sexually transmitted disease; 2. It leads to infertility; 3. It results, like any prostatitis, in chronic pelvic pain that significantly reduces quality of life; 4. It decreased sexual function, that reduces a quality of life again. The aim of our study was to estimate a role of a prostate biopsy in early diagnosis of a prostate TB.
Materials and Methods: There were 93 patients suspected of prostate TB enrolled in study. All underwent ultrasound guided core prostate biopsy (Middle size needle 18 g, 19 mm length) with local anaesthesia. Straws were investigated by PCR, pathomorphology and culture.
Results: Common complaints were pain (96.8%), dysuria (79.6%); laboratory findings - leucospermia (73.1%), haemospermia (51.6%). 37.6% had TB history, 34.4% had active TB of another localization, mostly pulmonary. Results of PCR: HPV – 10.7%, Ureaplasma – 2.2%. Mycobacteria culture was positive in 6.9%. Pathomorphologically, in 94.6% inflammation was found, in 65.6% fibrosis, in 9.7% intraprostatic neoplasia, in 5.4% cancer, and in 24.7% TB.
Conclusion: The diagnosis of prostate TB is a very difficult task, because clinical features and laboratory signs are non-specific, like chronic prostatitis. Absolutely pathognomonic symptom is a cavern on urethrogram, but caverns mean late-diagnosed complicated form, cavernous prostate TB, which can't be cured neither by chemotherapy nor by surgery. Prostate TB in early infiltrative non-cavernous stage may be diagnosed by PCR, culture or pathomorphology. Possibility of these methods alone is poor; it is necessary to use it in combination.