Male Chronic Pelvic Pain Syndrome

Definition
Male chronic pelvic pain syndrome is defined as chronic pain, pressure, or discomfort localized to the pelvis, perineum, or genitalia of males lasting more than 3 months that is not due to readily explainable causes (infection, neoplasm, or structural abnormality). Other names for the disorder include prostatodynia and chronic nonbacterial (abacterial) prostatitis, although it is unclear how the symptoms relate to the prostate.

Clinical Findings
By definition, this syndrome occurs only in men. Common symptoms include pain or discomfort in the perineum, suprapubic area, penis, and testicles, as well as dysuria and ejaculatory pain. Patients may also have urinary symptoms, both obstructive (slow, intermittent stream) and irritative (increased frequency or urgency). Sexual dysfunction is common. Systemic symptoms include myalgia, arthralgia, and unexplained fatigue. Some patients may have a variant of interstitial cystitis/bladder pain syndrome with predominant bladder-related pain associated with voiding problems.

Epidemiology
Self-report studies indicate diagnosis in 0.5% of males; symptom-based evaluations of the general population suggest an incidence of symptoms in males ranging from 2.7% to 6.3%. The syndrome is commonly diagnosed in young to middle-aged men, but is prevalent in all ages. Symptom flares are common, with intensification of symptoms for hours, days, or weeks. Common comorbidities include depression, stress, and anxiety disorders.

Pathophysiology
The pathophysiology is still incompletely known and is probably a complex and multifactorial process that eventually results in a chronic neuropathic and/or muscular pain syndrome. Initiators of this condition are believed to include infection (including sexually transmitted diseases and possibly non-culturable organisms and viruses), trauma (including perineal and urethral trauma), neurological upregulation, non-infection-related inflammation (auto-immune or neurogenic), dysfunctional voiding, and pelvic floor dysfunction/muscle spasm. In genetically and/or anatomically susceptible men, these initiators may result in chronic neuropathic and neuromuscular pain.

Diagnosis
A careful history, physical examination, and laboratory tests should rule out confusable diagnoses. Useful measures include urinalysis or urine culture and for selected patients, urodynamics, cystoscopy, and lower urinary tract/pelvic imaging studies.

Management Options
Management is usually multimodal and should be personalized according to the patient's clinical phenotype. The impact of pain and its treatment on sexual function needs to be assessed and addressed. Conservative measures include local heat therapy, low-impact exercise (walking, swimming, stretching, and yoga), diet and lifestyle modifications, and physiotherapy. Medical therapies may include a trial of antibiotics, alpha-adrenergic blockers, anti-inflammatories, muscle relaxants, and herbal preparations.

Pain management includes neuropathic pain medications such as tricyclic antidepressants or gabapentinoids. Opioids are typically a late medical option. Pain intervention procedures such as directed injection of local anesthesia may be helpful for patients with defined and localized pain sites. Bladder-directed therapy is appropriate for patients with an interstitial cystitis/bladder pain phenotype. Psychotherapy (in particular cognitive-behavioral therapy) may be helpful in learning

beneficial pain-coping techniques. Surgery should be avoided unless there is a specific indication (e.g., a urethral or bladder neck obstruction).

References

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