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INTRODUCTION & OBJECTIVES: The use of antibiotics, NSAIDs and other medications for the treatment of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is insufficiently effective and has side effects. Physical therapy can be successfully used for the treatment of prostatitis. Different types of magnetic radiation have an anti-inflammatory, analgesic, neuromodulating effects. Objective: to evaluate the effectiveness of extracorporeal magnetic therapy (ExMT) in the treatment of CP/CPPS.

MATERIAL & METHODS: Between 2015 and 2016, 74 men with the CP/CPPS (NIDDK category IIIA, B) were enrolled in the study. The mean age was 32 years (range 21-59). Patients were evaluated by history, physical examination, examination and culture of expressed prostatic secretions, urethral swab. The NIH-CPSI score was used to grade symptoms of disease. Inclusion criteria were a total score of at least 15. Patients were prospectively randomized in a 2:1 ratio into the active (53 patients) and control groups (21 patients). All of them received empirical antibiotic therapy for 2-4 weeks. Patients allocated to active group completed ExMT by NeoControl system (Kitalpha Med Ltd., Germany). Treatment sessions were 3 times a week for 4-6 weeks. The frequency of the pulse field was 10-50 Hz for 20 min. In the control group, antibiotic therapy was supplemented with diclofenac and tamsulosin. Patients were evaluated at the start, 3 and 9 months after treatment. Treatment effect was assessed by decrease in NIH-CPSI pain, urinary, quality of life subscores and total score.

RESULTS: The mean NIH-CPSI total score (\pm SD) at baseline in active group was 21.4 ± 8.1 , in control - 20.9 ± 8.5 . After treatment a significant decrease pain and urinary symptoms was observed in both groups. There was no statistically significant difference between symptom scores in both groups immediately and 3 months after treatment. However, after 9 months a significant difference was observed when symptom scores in the active and control groups were analyzed. The mean NIH-CPSI total score was improved from 21.4 ± 8.1 to 12.2 ± 6.9 in the magnetic therapy group and 20.9 ± 8.5 to 16.8 ± 7.1 for control ($P < 0.005$).

CONCLUSIONS: The results suggest that addition of ExMT therapy to antibiotics may produce better long-term effect on symptoms of the disease than application of diclofenac and tamsulosin in patients with CP/CPPS.