

- I N T R O D U C T I O N -
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Recurrent symptomatic prostatitis is a physically and psychologically debilitating disease entity with minimal lethality .

Yet, it remains a perplexing clinical problem for the urologic surgeon .

It is known that chronic prostatitis is classified into :-

- a- Chronic bacterial prostatitis.
- b- chronic non-bacterial prostatitis.
- c- Prostatodynia.

Of which the chronic bacterial prostatitis was chosen to this study.

Many controversies have been given for treatment of chronic bacterial prostatitis owing to some anatomical and physiological difficulties.

During last decade many systemic antibacterial drugs were tried by many authors for treatment of chronic bacterial prostatitis e.g. tetracyclines , minocyclines , cephalosporines , and aminoglycosides without satisfactory results.

Bushby .1969; Carrall et al.1971, reported that trimethoprim is enhanced in its antibacterial activity by combin-

action with sulphamethoxazole as it fulfils all the criteria of crossing the prostatic epithelial membrane and reaching an adequate concentration inside the prostate .

Part of treatment of chronic bacterial prostatitis is to promote emptying of prostatic acini through a course of prostatic massage (Masoud 1979.) with vigorous stripping of the gland two or three times a week for 6 or 8 weeks .

David F. Mobley (1974) , reported the use of erythromycin 500 mg. four times daily for two weeks as a treatment of choice for chronic bacterial prostatitis .

Baert et al. (1975) recently treated such cases by local prostatic injection, through the perineal route, of different antibiotics .

In spite of these great efforts the results are unsatisfactory up till now .

This study aims at :-

Reaching to the most suitable line or lines for treatment of chronic bacterial prostatitis and trying to achieve encouraging results in treatment of such cases .