SUMMARY AND CONCLUSION

The material of the present study comprised 31 patients with resistant chronic bacterial prostatitis presented to the outpatient clinic of Urology department of Benha University Hospital in the period from June to December 1990.

The age incidence was between 20 and 65 years with the greatest percentage of patients (45.1%) lied in the age group 30-40 years.

19 patients of the initially selected 31 patients were married (61%) and this reflects the high incidence of chronic bacterial prostatitis among married men.

All patients were interviewed, clinically, laboratory and cystoscopically examined.

4 patients were excluded after priliminary cystourethroscopic examination prior to injection:

- One patient with bladder neck obstruction..
- Two patients with bilharzial ulcers.
- One patient with a radiolucent stone bladder.

The remaining 27 patients were divided into two groups according to the type of injected antibiotic:

- Group I: including 14 patients and they were injected by thimphenicol only.
- Group II: including 13 patients. And they were injected-according to culture and sensitivity test ofE.P.S. by gentamycin, amikacin and cefazolin.

The 27 patients were injected transurethraly by a special long needle introduced through the sheath of a diagnostic cystoscope.

All patients reviewed at 2-3 weeks after injection and then every month for at least 3-4 months after injection..

The average cure rate was 50% in group I and 61.5% in group II after first injection.

11 patients (40.7%) of the injected 27 patients required second injection as follow up of these cases indicated either relapse or non improvement after first injection.

The average cure rate was significantly increased after the second injection reaching 57% in group I and 75% in group II. This reflects the effectiveness of multiple injections in treatment of chronic bacterial prostatitis.

The results obtained by group II was better than that obtained by group I whether after first injection or after second injection.

The results were classified into good, fair and poor according to the following criteria:

1. Improvement of symptoms.
2. Negative bacterial culture of E.P.S.
3. Acidic **PH** ofE.P.S.
4. Colony count less than lOO,OOO/C.mm.
5. Pus cells less than lO/H.P.E. in E.P.S.
6. Maintenance of subjective and objective improvement for at least 3 months after injection. The results were as follow:

Group I: (14 *patients)*

- Good: 6 patients after first injection (42.8%), 5 patients after second injection (71.5%).

- Fair: 5 patients after first injection (35.7%), 2 patients after second injection (28.5%).
- Poor: 3 patients after first injection (21.4%), no poor results after second injection.

Group II: (13 *patients*)

- Good: 6 patients after first injection (46.1%), 3 patients after second injection (75%).
- Fair: 4 patients after first injection (30.7%), 1 patient after second injection (25%).
- Poor: 3 patients after first injection (23%), no poor results after second injection.

In the present study, a trial has been made to overcome the problem of chronic bacterial prostatitis after all previous attempts show unsatisfactory results.

We introduced a new technique of local injection of antibiotics depends on the diagnostic cystoscope for proper visualization of the prostate and prostatic sinus.The antibiotics were injected in the suspected proper sites under vision using a special long fine needle.

The results obtained in this study was so encouraging that it places this new technique in the proper way for treatment of the most confusing disease in urology: chronic bacterial prostatitis.

We recommend:

1. Recommend the technique by itself and it should be retained when other antibiotic treatment scheme have failed.

2. Proper serial estimation of prostatic and serum concentration of antibiotics after injection to detect the ideal concentration and consequently the doses required for complete eradication of the causetive organisms, that was not available in the present study.
3. The patients must reviewed at regular intervals after injection as long term remission can be expected in most patients, and once the relapse established, injection of antibiotics should be repeated because multiple injections enhance permenant cure.