INTRODUCTION AND AIM OF THE WORK

Prostatitis remains a common but often confusing ailment that rarely affect prepubertal boys but frequently affects adult men *(Meares, 1992).*

Whereas little informations available concerning the true incidence of prostatitis, national health center of health statistics study indicates that during 1977 to 1978 there were 76 annual office visits per 1000 men for genitourinry tract problems, about 25 percent of the these visits were for prostatitis *(Lipsky, 1989).*

Most patients with chronic prostatitis have poor understanding of their condition, and many are generally unhappy with results of their treatment, morover, many clinicians are frustrated in their attempts to treat patients with prostatitis. It is now recognized that prostatitis occurs in several distinct forms or syndromes. These syndromes have separate causes, clinical features, and sequelae, proper clinical management therefore is possible only if the clinican is specific in diagnosis and therapeutic strategy *(Meares, 1992).*

A classification of the most common forms of prostatitis was introduced by *Drach et al., (1978)* who classified prostatitis syndromes into 1-acute and chronic bacterial prostatitis 2- nonbacterial prostatitis 3- prostatodynia

Therapy of chronic bacterial prostatitis has been regarded as unsatisfactory owing primarily to the inability of the majority of the known

antimicrobial agents to diffuse into prostatic secretion across the prostatic epithelial membrane and achieve enough level to eradicate the bacteria *(Fair et al., 1979).*

Most antimicrobial agents that are normally usefull aganist gram negative pathogens that typically cause bacterial prostatitis reach level that are quite low or negligable in prostatic fluid *(Meares, 1982).*

In an effort to obtain antimicrobial concentrations in the parenchyma and ducts of the prostate gland that greatly exceed that achievable with systemic adminstration, direct intraprostatic injection of antimicrobial agents has been proposed by several investigators *(Jackson and Fowler, 1996).*

In our study we tried to evaluate the role of single direct intraprostatic injection of antibiotics as a modality of treatment in chronic bacterial prostatitis, we utilized a visualized procedure as the prostate was visualized by ultrasound scanner through transrectal probe and the antibiotics are directly injected to the site of infection.