

Nerve problems are suggested to contribute as a cause of chronic prostatitis due to neurogenic inflammation. This inflammation may cause nerves to secrete mediators, which can induce local inflammation and/or hyperalgesia. Nerve damage can also cause neuromuscular dysfunction, resulting in bladder-neck spasms. As a result, intraprostatic urinary reflux will occur.

Chemical Irritation

Chemical-sign Irritated

Chemical irritation can cause chronic prostatitis due to urine reflux, even if it's sterile. An example of this chemical is urate, one of the metabolites of urine.

Signs and Symptoms

Urinary Frequency and Urgency

Urinating Frequency-wave and Urgently squeezing knees

Patients may experience urinary frequency (frequent urinates: around every 1-2 hours, especially at night) and urgency (patient has the urge to urinate). Inflammation causes these symptoms to occur.

Dysuria

Urine-in-flames

Dysuria is a pain or burning sensation when the patient urinates. This symptom can occur in any source of inflammation in the urinary tract, especially the prostate, bladder, or urethra.

Low Back Pain

Low Back Pain-bolts

Patients can experience pain. This pain can occur in the lower back, suprapubic, penis, testes, or scrotum. Patients can also experience painful ejaculation.

Warm, Tender, Enlarged Prostate

Warm-fire, Tenderizer, Enlarged Prostate-Plum

Digital rectal examination in patients can show a warm, tender, and enlarged prostate.

Treatment

Treat Underlying Cause

Treating Underlying Attacker

Treatment may include underlying causes such as antibiotics, alpha-blockers such as tamsulosin, which helps lower urinary tract symptoms, cognitive behavioral therapy, and physiotherapy to reduce symptoms. The antibiotic is chosen empirically based on local resistance patterns: uropathogenic treatment with trimethoprim and sulfamethoxazole or fluoroquinolone, and sexually transmitted pathogens are treated with ceftriaxone and azithromycin.