Acute bacterial prostatitis

Question 9

risks

- Post GU instrumentation eg Bx (3%) , cystoscopy
- IDC
- Chronic outflow obstruction / retention / functional /anatomical abnormalities – neurogenic bladder, BPH,
- Recurrent UTI
- STI
- Anal intercourse

- Risks of any infection – immunosuppression
- DM

Presenting Sx

- Looks like pyelonephritis but its not
- Urinary symptoms – frequency, hesitancy, urgency
- Systemic features fever > 39, sweats and chills
- Obstructive urinary Sx – poor stream, dribbling, hesitancy
- Pelvic, penile or perineal pain/pressure

organisms

- Post trans rectal ultrasound guided Bx
  - sepsis and multidrug resistant G-ve, pseudomonas
- UTI / obstruction
  - G-ves – enterobacterales (E Coli, Klebsiella,)
- STI
  - gono, chlamydia
- Hematogenous spread
  - Staph aureus

Examination and investigations

- Tender prostate on gentle DRE
- Raised inflammatory markers,
- PSA (non specific)
- MSU
- Blood culture
- Limited role for imaging unless looking for Cx

Cx

- Bacteraemia
- Metastatic spread of infection – spine, si joints
- Prostatic abscess
- Endocarditis (in setting of valvular heart disease)