A Novel Treatment for Chronic Prostatitis: Treat the Gut

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Introduction and Objective: Chronic Prostatitis (type III) (CP) is an idiopathic chronic pelvic pain syndrome (CPPS) characterized by pain, urinary and sexual dysfunction, and sterile expressed prostatic secretions. Interstitial cystitis (IC) is a CPPS which has recently been linked to small intestinal bacterial overgrowth (SIBO) and has shown improvement by treating gut microbial disturbance (1). This pilot study hypothesizes that rifaximin, a non-absorbable, gut-directed antibiotic improves CP.

Methods: CP patients were diagnosed by physical exam, NIH Chronic Prostatitis Symptom Index (CPSI) score ≤15 and by symptoms lasting more than 3 months of the last 6 months. Each was screened for SIBO by lactulose breath testing (LBT). Open-label rifaximin 550 mg TID was administered for 10 days. CPSI (possible range of 0-43) assessed CP symptoms one week and immediately prior to treatment and at post-treatment days 14 and 28. Global CP improvement (marked, moderate, mild, none) was queried at days 14 and 28.

Results: Ten of 12 patients were included with a positive LBT; 5/10 had irritable bowel syndrome (IBS). Excluded patients did not have IBS. The study subjects were 10 men: age 45 ±12 years (mean ±1SD) and mean CP duration 4.9 ±5.1 years. Pre-treatment CPSI was 26.1 ±8.0 which decreased to 22.2 ±5.7 on post-treatment day 14 (15% improvement; p=0.067) and was 22.2 ±10.4 on post-treatment day 28 (15% improvement; p=0.089). Six patients showed CPSI improvement and 7 had global CP improvement (2 marked, 1 moderate, 4 mild) on day 14. Seven patients showed CPSI improvement and 5 noted global improvement on day 28 (1 marked, 2 moderate, 2 mild). One patient dropped out early. Among clinical responders at day 14, pre-treatment CPSI was 30.7 ±7.1 which decreased to 21.7 ±7.0 on day 14 (29.3% improvement; p=0.0025). Among day 28 clinical responders, pre-treatment CPSI was 27± 9.0 which decreased to 21.1 ± 10.9 (21.9% improvement; p=0.012).

Conclusions: SIBO may be common in CP patients. Treatment directed at the gut using a non-absorbable antibiotic appears to help CP which is similar to a prior report in IC. Extension of this study is in progress and if positive a double-blind study will be initiated.

Reference: