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THERAPEUTIC EFFECTS OF ACUPUNCTURE FOR CHRONIC PELVIC PAIN IN MEN WITH
INTRAPELVIC VENOUS CONGESTION

Aims of study

Chronic pelvic pain syndrome is defined as a disease with chronic pelvic pain or voiding symptoms without any evidence of prostatitis or urinary tract infection. Pharmacotherapy for this syndrome often comes out to be unsuccessful. Recently, we reported that the majority of men with chronic pelvic pain showed intrapelvic venous congestion and postulated that it might be one of the causes of chronic pelvic pain syndrome¹. The aim of this study was to reveal the clinical therapeutic effects of acupuncture as a treatment option for chronic pelvic pain syndrome with intrapelvic venous congestion.

Methods

A total of 14 patients with chronic pelvic pain syndrome with intrapelvic venous congestion were treated by acupuncture. Their ages ranged from 18 to 50 years (mean 33). All patients had pelvic pain and/or voiding symptoms; perineal pain or discomfort in 8, lower abdominal pain in 5, inguinal pain in 2, pain during ejaculation in 1, pollakisuria in 5 and dysuria in 2. Although all of the 14 patients had undergone pharmacotherapy, 4 showed no improvement in symptom and 10 failed to get satisfactory relief. Acupuncture was performed using a disposable stainless needle (0.3mm in diameter, 60mm in length) with a patient in the prone position. An acupuncture needle was inserted into bilateral BL-33 (Zhongliao), as standardized by WHO on the skin of the third posterior sacral foramina. The needle was inserted toward the cranium so deeply that its tip was close to the sacral periosteum (50 to 60 mm), then rotated manually for 10 minutes reciprocally. All patients underwent this procedure once a week during 5 weeks. They underwent

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transrectal sonography before and after the treatment. The prostatic capsular vein observed on sonogram (sonolucent zone) was measured in its maximum width as the diagnostic index for intrapelvic venous congestion. Symptoms were evaluated using AUA symptom index² as well as NIH chronic prostatitis symptom index³ before and after the treatment. Values were expressed as the mean plus or minus standard deviation. A paired-t test was used for statistical analysis. A p-value less than 0.05 was defined as statistically significant.

Results

In all of the 14 patients, the AUA symptom index improved from 8.3}9.3 to 5.1}8.0 (statistically not significant). NIH chronic prostatitis symptom index decreased significantly from 20.4}8.0 to 13.1}9.8 ($p < 0.01$). @In particular, pelvic pain index and quality of life index improved significantly from 10.7}4.9 to 7.4}5.0 ($p < 0.05$) and from 8.8}2.3 to 4.9}4.0 ($p < 0.01$), respectively. The maximum width of sonolucent zone was more than 3.0 mm before treatment in all of the patients, and it also decreased significantly from 4.9}0.6 to 3.3}1.2 ($p < 0.0001$) after treatment. No side effects were recognized.

Conclusions

Acupuncture on the third posterior sacral foramina could improve both pelvic pain and diagnostic index for intrapelvic venous congestion, simultaneously. It was suggested that therapeutic effects of acupuncture in men with chronic pelvic pain with intrapelvic venous congestion might be obtained through the improvement of intrapelvic venous circulation. Although this study was preliminary one on the small number of subjects and further studies are needed, acupuncture could be alternative option for chronic pelvic pain syndrome.

References

1. Eur.Urol., 27: 280-285,1995.
2. J. Urol., 148: 1549-1557, 1992.
3. J. Urol., 162: 369-375, 1999.