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## **PELVIC PAIN SYNDROME AND PSEUDODYSSINEGIA. IS IT THE CORRELATION?**

### **Hypothesis / aims of study**

To evaluate correlation of pelvic pain syndrome and dysfunctional voiding with combination of hypertonic pelvic floor.

### **Study design, materials and methods**

154 patients of 21-48 years old (average age 31.3) with primary diagnosis of chronic abacterial prostatitis (duration 3.2 years) went through obligate examination: NIH CPSI questionnaires, visual scale of pain, digital rectal examination, 4 glass test, cultures specimens, transrectal ultrasound, uroflowmetry. Facultative examination included: urodynamic investigation (cystometry, pressure/flow study, uretral pressure profile, pelvic EMG). Some patients underwent lumbosacral vertebra/spinal cord MRI.

### **Results**

After obligate examination 102 patients (66,2%) showed signs of inflammation (CP IIIA) - group I; other 52 patient (33,8%) had pelvic pain syndrome and voiding dysfunction without diagnosed inflammation (CP IIIB) - group II. Second group of patients underwent facultative examination. 48 of 52 men (92%) showed signs of pseudodyssynergia: increase of Puramax up to 137 sm H<sub>2</sub>O (23%); Puraclous up to 158 sm H<sub>2</sub>O (17,7%); EMG registered high pelvic activity - increase up to 40 mv (75%). The patient majority - 30 of 52 (62,5%) had different types of vertebral disorders.

### **Interpretation of results**

Pseudodyssynergia - the most possible reason of pelvic pain syndrome and concomitant voiding dysfunction in patients CP IIIB.

### **Concluding message**

Functional pelvic neural dysregulation activates hypertonic pelvic floor and in fact causes uretroprostatic reflux what on its turn causes secondary inflammation of prostate.