

PROSTATITIS DIAGNOSTIC AND TREATMENT SCHEMES

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Annotation: this article attempts to reveal the main causes of chronic urethrogenic prostatitis (CUP) in young men against the background of complex treatment with the use of general and local ozone therapy, depending on the somatic type. To carry out scientific work, the author conducted a study of 306 Caucasian males of the first period of adulthood suffering from CUP. A comprehensive diagnostic program, in addition to standard studies, included: filling out questionnaires for a summary assessment of CUP symptoms and a formula for sexual male function, bacterioscopic, bacteriological and molecular biological studies of urethral discharge and prostate secretion for STIs. The problem in question is still little studied, therefore, requires more thorough research.

Keywords: Chronic prostatitis, ozone therapy

Introduction: Chronic prostatitis (CP) is the most common reason for men younger than 50 years old with inflammatory diseases of infectious and non-infectious nature to visit the clinic [1]. About 10% of the total male population noted the symptoms of CP at least once throughout their lives [2]. In 2013, Nickel J. C. et al., after analyzing the results of 24 epidemiological studies, established the global prevalence of CP at 7.1% [3]. Given the above data, CP is costly to society in terms of direct and indirect financial losses and has a pronounced impact on the quality of life of patients [4]. In the Russian Federation, CP in the structure of outpatient urological appointments accounts for 17% of visits [5]. Many

authors have tried to classify HP. Currently, the classification of prostatitis developed by the US National Institutes of Health (1995) is generally accepted, which was approved in the final version in 1999 [6]. This classification is well known. It is based on the division of prostatitis into four categories: acute (I) or chronic (II) bacterial prostatitis, chronic non-bacterial prostatitis/chronic pelvic pain syndrome (CP/CPPS) (III), which can be inflammatory (IIIa) or non-inflammatory (IIIb).) and asymptomatic prostatitis (IV). Category III CP/chronic pelvic pain syndrome is the most common form of symptomatic prostatitis, accounting for up to 90–95% of all forms of the disease [9]. According to some authors, this classification is losing relevance due to the fact that it does not reflect all the information about the patient. So, long-term recurrent CP often begins to manifest itself not only with classic local symptoms, but also with functional disorders of other organs and systems [10].

Aim: to study the course of chronic urethrogenic prostatitis (CUP) in young men against the background of complex treatment with the use of general and local ozone therapy, depending on the somatic type.

Materials and methods: the object of the study were 306 Caucasian men of the first period of adulthood suffering from CUP. The complex diagnostic program, in addition to standard studies, included: filling out questionnaires for the summary assessment of symptoms of CUP and the formula of male sexual function, bacterioscopic, bacteriological and molecular biological studies of urethral discharge and prostate secretion for STIs, examination of the microcirculation of the mucosa of the prostatic urethra and skin at the projection point of the prostate using the laser method. Doppler flowmetry, somatotyping according to the L. Rees-H.J. Eisenck. Registration of the listed parameters was carried out before treatment and 20 days after treatment.

Results: the frequency of detection of sexually transmitted infections by microscopy revealed a higher level of *Neisseria gonorrhoeae* ($p < 0.05$) in men of

pycnic somatotype (16.7%) compared to asthenic men (4.8%), at the same time the frequency of detection of *Trichomonas vaginalis* by culture ($p < 0.04$) was higher in men with asthenic somatotype (59%) compared with men with pycnic somatotype (40%). CUP is most malignant in men of the pycnic somatotype, which is objectively confirmed by the clinical index; however, the effectiveness of standard treatment in these patients using regional and local ozone therapy was higher than in patients of other somatotypes and was accompanied by a decrease in the clinical index by almost two times (from 24.32 ± 0.73 to 13.62 ± 0.61 points). The most significant decrease in prostate size during CUP therapy was observed in patients with pycnic somatotype (from 34.12 ± 0.51 cm³ to 29.08 ± 0.64 cm³), improvement in microcirculation parameters was observed in patients with asthenic somatotype. Changes in the microcirculation of the mucous membrane of the prostatic urethra and skin at the projection point of the prostate during CUP therapy are somatotypically determined. The highest values of tissue perfusion were found in patients with normosthenic somatotype, and the lowest values were found in patients with pycnic somatotype.

Conclusions: thus, the study revealed somatotypic differences in clinical, laboratory and instrumental characteristics of the course of CUP in men of the first period of adulthood against the background of complex standard treatment using local and general ozone therapy.

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