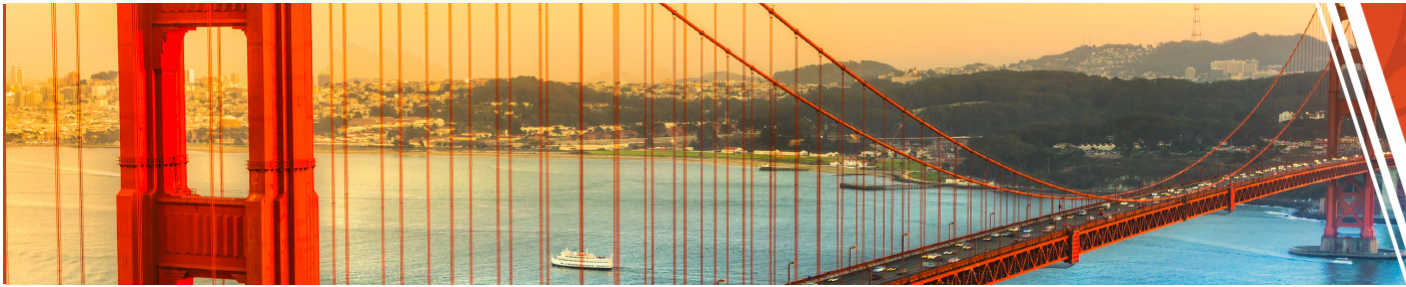


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Podium Session
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PD62-03 - Case Series of Low Intensity Shock Wave Therapy for Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome

Monday, May 21
9:50 AM - 10:00 AM
Location: MCC WEST, 3018

Abstract Presenter(s)



Daniel Shoskes, MD, MSc, FRCSC

Cleveland Clinic

Presentation Authors: Daniel Shoskes*, Brandon Mooney, Cleveland, OH

Introduction: Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS) is a heterogeneous syndrome that is often challenging to treat. Low Intensity Shock Wave (LiSW) has emerged as a potential therapy and several sham controlled studies have shown efficacy. We wished to study the efficacy and safety of LiSW in CP/CPPS patients with clinical phenotyping to better understand who may best respond.

Methods: Men were enrolled in this IRB approved study provided they had a diagnosis of CP/CPPS for at least 6 months and were able to return for weekly treatments. Those on multi-modal therapy continued other therapies as long as the dose was stable. LiSW was delivered with the Urogold 100 machine (Tissue

Regeneration Technologies, Woodstock, GA) using the standard probe. There were 4 treatment sites, 2 on each side of the perineum at 500 shocks each for a total of 2000 shocks. Symptom severity was measured with the National Institute of Health Chronic Prostatitis Symptom Index (CPSI) at baseline and 1 month following the last treatment. Patients also self reported a General Response Assessment (GRA) ranging from 1 (significantly improved) to 5 (significantly worse). Patients were clinically phenotyped by the UPOINT system. Pre and post values were compared with the paired t test with significance set at $p < 0.05$.

Results: 14 men enrolled with a mean age of 45.1 years (range 22-67) and median duration of 36 months (range 9-240). Men had a mean of 2.6 positive UPOINT domains (range 1-5) and all but 2 had pelvic floor tenderness (domain > 1). Total CPSI improved from 27.7 \pm 5.4 to 19.4 \pm 7.5 ($p = 0.003$). While the pain and quality of life scores improved significantly, there was no change in the urinary subscore. 9 patients (64.3%) had a > 6 point drop in CPSI. By GRA, 7 patients said they were significantly improved, 2 was somewhat improved and 5 were unchanged. There were no significant differences in responders to non-responders for phenotype or symptom duration although responders had a higher starting pain score (14.0 vs 9.4, $p = 0.005$) and both patients without pelvic floor spasm failed to improve.

Conclusions: LiSW with the Urogold 100 improved symptoms of CP/CPSS in the majority of patients. All responders had pelvic floor spasm, and shock wave therapy is well established in the treatment of pain from trigger points. While small numbers preclude meaningful subgroup analysis, there was no impact on urinary symptoms. In conclusion, once weekly low intensity shock wave lithotripsy improved the symptoms of CP/CPSS in the majority of patients without side effects.

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