

Transurethral microwave hyperthermia: New hope for treating chronic nonbacterial prostatitis?

On the horizon of minimally invasive urology rises a new, versatile, and possibly more effective treatment modality—transurethral microwave hyperthermia (TMH). This approach to treating prostate disease is being expanded in answer to a growing demand for the safe and effective treatment of benign prostatic hyperplasia and adenocarcinoma of the prostate. The limited inflammatory response produced by microwave hyperthermia and the controlled depth of thermal penetration serve to limit the treatment field size. The additional benefit of reduced prostatic volume makes this approach an attractive option for the ablation of affected prostatic tissue.

Historically, the treatment of chronic nonbacterial prostatitis has been targeted toward alleviation of the recurring symptom complex. Unfortunately, the etiology still remains poorly understood and continues to be researched at this time.¹ In the article, "Transurethral microwave hyperthermia in the treatment of chronic nonbacterial prostatitis," Drs Mené and colleagues emphasize that before any invasive therapy for chronic nonbacterial prostatitis is initiated, all other possible etiologies for the patient's symptoms must be eliminated. The patient must also be treated empirically for both ureaplasma and chlamydia.

Results from this study, which begins on page 25, help to confirm that the success rate of TMH far supersedes that of transurethral resection of the affected prostatic tissue. The key to the success of TMH may lie in the route of delivery. Transrectal hyperthermia has been investigated in the past for the treatment of benign prostatic hyperplasia and adenocarcinoma of the prostate; however, it was not truly successful for the treatment of prostatodynia and nonbacterial prostatitis until the method of transurethral delivery was developed.²

Other studies³ examining the use of TMH have shown a complete response rate in 23% of the patients studied and a significant improvement in 43% of the patients studied for a total positive response rate of 63%. When TMH is used as the treatment for prostatodynia, the results are just as encouraging: 35% cure rate and a 41% improvement rate.³ Currently, the American Urological Association (AUA) score serves as the subjective method for evaluation in these scenarios. The AUA scale was designed strictly for the evaluation of benign prostatic hyperplasia; researchers agree that a more inclusive questionnaire needs to be developed.

The results from the limited number of reports using TMH for the treatment of nonbacterial prostatitis and prostatodynia are encouraging. These statistics consistently show significant improvement in patients' symptoms and among a small por-

tion of patients even cures. Future studies such as the one published in this issue of *JAOA* are needed to identify possible complications and to delineate the number of treatments required as well as the duration of therapy. In the long term, the possible benefits of a decreased incidence of benign hyperplasia and adenocarcinoma may be elucidated. •

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References

1. Persson B, Ronquist G: Evidence for a mechanistic association between nonbacterial prostatitis and levels of urate and creatinine in expressed prostatic secretion. *J Urol* 1996;155:958-960.
2. Nickel JC, Sorensen R: Transurethral microwave thermotherapy for nonbacterial prostatitis: A randomized double-blind sham controlled study using new prostatitis specific assessment questionnaires. *J Urol* 1996;155:1950-1954.
3. Choi NG, Soh SH, Yoon TH, Song MH: Clinical experience with transurethral microwave therapy for chronic nonbacterial prostatitis and prostatodynia. *J Endourology* 1994;8:61-64.