PD05-08

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION FOR TREATMENT OF REFRACTORY CHRONIC PELVIC PAIN SYNDROME IN MEN: A PROSPECTIVE STUDY.

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INTRODUCTION AND OBJECTIVES: Chronic pelvic pain syndrome (CPPS) presents a therapeutic challenge since 20−65% of all CPPS patients are refractory to conventional therapies. Transcutaneous electrical nerve stimulation (TENS) is an established treatment for chronic musculoskeletal pain and may also be a valuable option in pelvic pain. The aim of this study is to evaluate the effect of TENS for treating men with refractory CPPS

METHODS: A consecutive series of 42 men treated with TENS for refractory CPPS was evaluated prospectively at 2 academic tertiary referral centers. The effects of treatment were evaluated using the National Institutes of Health Chronic Prostatitis Symptom Index (0-43) at baseline and after 12 weeks of TENS treatment. Subjective (need to continue treatment to sustain the effect) and objective (improvement of NIH-CPSI Index $>$ 50%) responses were assessed after 12 weeks of treatment. Adverse events related to TENS were also assessed.

RESULTS: After 12 weeks of treatment, a subjective response was obtained in 27 (62%) patients and an objective one in 14 (33%) patients. 08 patients showed a final score $<$ 10. Quality of life (QoL) and urinary symptoms also improved significantly in those patients ($p<0.001$; 95%, CI). No adverse events related to TENS were noted.

CONCLUSIONS: TENS may be an effective and safe treatment for refractory CPPS in men, warranting randomized, placebo-controlled trials.

Source of Funding: none

PD05-09

POLLEN EXTRACT IN ASSOCIATION WITH VITAMINS (DEPROX 500 ®) VERSUS SERENOA REPENS IN CHRONIC PROSTATITIS/CHRONIC PELVIC PAIN SYNDROME; A SINGLE CENTER EXPERIENCE.

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INTRODUCTION AND OBJECTIVES: Chronic prostatitis/chronic pelvic pain syndrome are reported in literature ranging from 1 to 14,2%. Category III prostatitis is called chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), and by definition it is characterized by pelvic pain for more than 3 of the previous 6 months, urinary symptoms and painful ejaculation, without documented urinary tract infections from uropathogens. The focus of therapy is pain relief and in the last years the research is addressed to find some phitotherapic solutions. The aim of the present study was to assess the impact on the patient's quality of life and symptoms of Deprox 500 ® in comparison with Serenoa Repens 320 mg.

METHODS: This is a single-center randomized controlled trial, comparing the efficacy and the IPSS/NIH-CPSI score variation in patients with CP/CPPS. All consecutive patients with a diagnosis of CP/CPPS referred to our center from January 2016 to August 2016 were screened to be enrolled in this study. The first outcome was the evaluation of IPSS/NIH-CPSI score variation and the assessment of the quality of life and symptoms at the end of the therapy. The second outcome was to evaluate the role of comorbidity in the CP/CPPS therapy. Patients with medical treatment for LUTS such as alfa-blocker or 5-ARI, major concomitant diseases and with residual urine volume $>$50 ml were not included in this study. All patients were randomized in two groups; one was treated with Deprox 500 ® mg 2 tabs/day for 6 weeks and the other with Serenoa Repens 320 mg, 1 tab/day for 6 weeks.

RESULTS: A total of 63 patients concluded the therapy and were included in the data analysis. Of those patients 29 were treated with Deprox 500 ® and 34 with Serenoa Repens. The mean score variation was IPSS -12,7 + 4.3 for Deprox and IPSS − 7.8 + 4.7 for Serenoa Repens (p-value = 0.0005) and NIH-CPSI -17.3 + 3.1 for Deprox and NIH-CPSI − 13.6 + 4.8 for Serenoa Repens (p-value = 0.0016). By accounting only the symptoms part of NIH-CPSI questionnaire, the mean score variation reported was − 11.5 + 2.5 for Deprox group and − 9.02 + 4.0 for Serenoa Repens group (p value = 0.009321). Furthermore, by analysing the comorbidity subgroups, in patients with hypertension the mean IPSS score variation was -14.3 + 3.2 for Deprox and − 9.02 + 4.0 for Serenoa Repens.

CONCLUSIONS: Deprox 500 ® appears to be more effective in patients with CP/CPSI; improving IPSS and NIH-CPSI scores up to 74.5% and 84.5% respectively. Furthermore, in patients with hypertension the antioxidant effect of Deprox 500 ® reduces the mean IPSS score of 82.7%.

Source of Funding: none

PD05-10

ANTIBIOTIC PROPHYLAXIS PRIOR TO URINARY CATHETER REMOVAL AFTER RADICAL PROSTATECTOMY DOES NOT PREVENT URINARY TRACT INFECTIONS: A RANDOMIZED CONTROLLED CLINICAL TRIAL

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INTRODUCTION AND OBJECTIVES: In an effort to reduce the incidence of symptomatic urinary tract infections (UTI) after urinary catheter removal after radical prostatectomy, many urologists administer prophylactic antibiotics. Currently, there are no consensus recommendations on this subject. Our objective was to determine whether antibiotic prophylaxis at urinary catheter removal after radical prostatectomy reduces the incidence of clinical UTIs. A secondary objective was to determine if prophylactic antibiotics increase in the incidence of Clostridium difficile (C. diff) infection.

METHODS: Patients undergoing radical prostatectomy were enrolled (n=175) in an IRB approved prospective randomized controlled clinical trial. 4 patients were excluded for postoperative complications and 4 withdrew. The treatment group (n=83) was given ciprofloxacin the evening prior to and morning of catheter removal. The control group (n=84) received no antibiotics. All patients received up to 24 hours of routine peri-operative antibiotics. Catheters were removed at 7-10 days after surgery. Urine cultures (UC) were obtained preoperatively, at catheter removal, 3-12 months postoperatively and with development of any UTI symptoms. Clinical UTI was defined as positive UC with at least one organism $>$100,000 cfu/ml with at least 1 UTI symptom/sign. Statistical analyses were performed with two-sample T test for continuous variables, and Pearson's chi-square or Fisher's exact test for categorical values. The Jennison and Rurnbull method was used to determine futility.

RESULTS: There was no significant difference in patient characteristics, perioperative data, post-operative readmissions or complications. There was no significant difference in the incidence of UTI: 5 (6.02%) in the antibiotic group and 5 (5.95%) in the control group (p=1). There was no significant difference in the incidence of C. diff infections between the two groups: 0 (0%) in the antibiotic group and 3 (3.57%) in the control group (p=0.24). There were no significant differences in postoperative complications or readmissions. Enrollment was discontinued after Interim analysis revealed a futility index of 98.22%.

CONCLUSIONS: This prospective randomized controlled trial provides evidence that antibiotic prophylaxis at the time of urinary catheter removal after radical prostatectomy does not reduce the incidence of clinical UTIs. We also did not find any association between the incidence of C. diff infection and administration prophylactic antibiotics.

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PD05-11

CONTEMPORARY PERCEPTIONS OF HUMAN PAPILLOMAVIRUS AND PENILE CANCER − PERSPECTIVES FROM A NATIONAL SURVEY

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