

Chronic Bacterial Prostatitis in Adults - Microbiology Summary Clinical Guideline

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Symptoms and signs of chronic bacterial prostatitis (e.g. perineal-scrotal pain, urgency, frequency, dysuria, pyuria, prostate tenderness, and prostatomegaly)

Review the past microbiology results, with specific reference to previous genito-urinary samples:

- Culture positive for Escherichia coli, etc.:
 - o Noting susceptibility or resistance to first and second line options for chronic bacterial prostatitis

Request new pathology investigations:

- Chronic bacterial prostatitis can be investigated with 'two glass' methodology in theatre:
 - 5-10 ml of pre-prostate massage, cystoscopy urine is sent for MC&S
 - The prostate is next massaged and expressed prostatic secretions are then sent for MC&S
 - o ± 5-10 ml of post-prostate massage, cystoscopy urine is also sent for MC&S

Empiric antibiotics

- If there is no history of a urogenital procedure/surgery with fluoroquinolone prophylaxis:
 - o First line: ciprofloxacin 500 mg 12 hourly
- If there is a history of a urogenital procedure/surgery with fluoroquinolone prophylaxis, or if ciprofloxacin is contraindicated:
 - o First line: trimethoprim* 200 mg 12 hourly
 - Second line: co-amoxiclav* 625 mg 8 hourly PLUS amoxicillin 500 mg 8 hourly
 - o Third line: fosfomycin** 3 g 24 hourly for 7 days; thereafter, 3 g 48 hourly
- * Trimethoprim and co-amoxiclav's spectrums include common bacterial causes of chronic bacterial prostatitis; however, there is no antipseudomonal activity
- ** Fosfomycin and this dosage are unlicensed for chronic bacterial prostatitis

Directed antibiotics with culture and susceptibilities (please note, microbiology full clinical guideline pages 2-3)



References

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Document control

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