

Chronic urologic pain in the male

Guest Editor



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More Details



Dear colleagues,

It is a great pleasure, and an honor, to lead this special issue of JOMH on chronic urologic pain in the male.

Painful bladder syndrome/interstitial cystitis (BPS/IC) and chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) are part of what is known as urologic chronic pelvic pain syndrome (UCPPS). The former is characterized by the presence of pelvic pain associated with urinary symptoms. The second is characterized by the presence of genitourinary pain in the absence of uropathogenic bacteria. Both definitions are very heterogeneous, which makes their diagnosis and treatment extremely complex. They are benign processes, but potentially devastating as their impact on patients' quality of life is greater than that suffered by a patient with end-stage renal disease.

Research networks such as MAPP (Multi-Disciplinary Approach to the Study of Chronic Pelvic Pain) have achieved great advances by systematizing and centralizing the collection of data from patients with UCPPS of both sexes. The creation of multidisciplinary and multicenter working groups has proven to be the most effective way to combat this disease. One of the observations made by this group is that the clinical manifestations of BPS/IC and CP/CPPS often overlap. Generally, women with chronic pelvic pain and voiding symptoms were diagnosed with BPS/IC even if they did not have bladder pain. In contrast, males with pelvic pain have been labeled as CP/CPPS even if they had urinary symptoms. However, 88% of females and 75% of males have "painful urgency" or "painful bladder filling". Moreover, these syndromes are often associated with other overlapping non-urologic chronic pain conditions, including irritable bowel syndrome, chronic fatigue, and fibromyalgia.

In this special issue, we would like to invite authors to contribute with novel information on clinical phenotyping, natural history of the disease, diagnostic methods (including questionnaires, biomarkers, microbiological studies or imaging tests), prognosis and treatment. Any contribution that helps to improve the quality of life of these patients will be most welcome.

Dr. Gómez de Vicente

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More information: <https://www.jomh.org/special-issues/1373898498078851072>