

PAIN FIBER NCS REVEALS LUMBOSACRAL NERVE ROOT LESIONS
ASSOCIATED WITH PROSATITIS AND PELVIC PAIN SYNDROMES

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TITLE: Chronis Prostatitis Causing Pelvic Pain Due To Sacral Entrapment

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INTRODUCTION: Sacral Entrapment Syndrome (SES) may be related to pain seen in Chronic Prostatitis. This can be diagnosed by the use of a pain fiber NCS device, which detects the hyper/hypo-function of pain-carrying delta fibers. Pain fiber NCS is used as a diagnostic modality to establish and locate the site of pain in Radiculopathy, Neuropathy, Spinal Stenosis, Piriformis Syndrome, and Vulvadynia. The prostate gland is supplied by L4, L5, and S2, and entrapment of any of these nerves can be found by using pain fiber NCS.

METHODS: 53 patients with Chronic Prostatitis had Neural Scan studies. The diagnosis was established by history, physical examination, laboratory studies and prostatic ultrasound, after excluding all other causes of pelvic pain. None of the patients reported radicular symptoms.

RESULTS: 30/53 patients had evidence of S1 and S2 entrapment. In addition 14 patients had evidence of S1, L4, and L5 nerve root compression. 9 Patients had normal Neural Scans. 15 Patients were treated with appropriate nerve root block, by trained pain specialist, which was effective in 9/15 patients. 29 patients were treated with uroplasty (neuromodulation), once a week for 12 weeks. 21/29 patients were asymptomatic after treatment. 3 patients relapsed when they were evaluated 10 weeks after therapy.

CONCLUSION: Pelvic Pain due to Chronic Prostatitis is very likely due to entrapment of S1 and S2 nerve. Patients with positive pain fiber NCS studies are good candidates for treatment with nerve block or uroplasty (neuromodulation).