CARTA AO EDITOR

METRONIDAZOL PARA PROSTATITE CRÔNICA LEVE

METRONIDAZOLE FOR MILD CHRONIC PROSTATITIS

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RESUMO

São descritos 10 casos de prostatite crônica silenciosa cuja única manifestação é dor ao estímulo prostático direto. O tratamento com 2 g de metronidazol, dose única oral, erradicou os sintomas. Palavras-chave: metronidazol, tricomonas, prostatite crônica.

ABSTRACT

Ten cases of chronic prostatitis are described. The solely manifestation of the disease was pain in case of direct stimulation of the prostate. The treatment with a single oral dose of 2 g of metronidazole extinguisted the symptoms. **Keywords:** metronidazole, trichomonas, chronic prostatitis.

Caro Editor Professor Mauro Romero Leal Passos,

Por acreditar que o tema tem grande relevância e nem sempre o vemos na literatura médica, solicito que este material seja publicado em JBDST.

The protozoan *Trichomonas vaginalis* was first described in 1836 in material from vaginal discharges and, some years later, in discharges from masculine urethritis. At least since 1967, it has been described as being a causative agent of chronic prostatitis/epididimitis¹.

However, in contrast to that of the feminine genital tract, the parasitic density tends to be very low, thus leading to difficulties in visualizing and cultivating the protozoan from infected men. There are some techniques for the detection of T. vaginalis in chronic prostatitis, however, they are still under development/validation².

I present the following cases: 10 men: 6 homosexual and 4 bisexual. Ages: 20-25: 2 cases. 25-35: 5 cases. 35-45: 3 cases. The main complaint from all of them was intense pain during passive anal sex. In all cases, the pain had grown slowly and became an impeditive for the practice in a period varying from 2 to 5 months before the treatment. All of them had tried to use xylocaine gel (2% as a lubricant) without relieving the pain. None of them presented urethral discharges, dysuria, pelvic discomfort or problems in erection or ejaculation. Two of them (> 40 years-old) had been recently (for less than 18 months) submitted to urological check-up. In common, the rectal examination was painless, but prostatic touches or massages were extremely painful. Urinalysis was normal, as well as a negative rapid HIV test. A single oral dosage of 2 g of metronidazole was given. In all of them, there was complete regression of the pain during the sexual act (passive anal). The interval between the treatment and the first sexual intercourse varied from 3 to 20 days.

DISCUSSION

Chronic prostatitis can be caused by bacteria, protozoans and can also be a sterile inflammation³. Notwithstanding, there is a correlation between chronic prostatitis and an enhanced risk of prostate cancer⁴. The present report shows that the disturbances caused by a chronic prostatitis may present as being too slight to be felt unless a direct prostatic stimulation provokes painful symptoms.

Metronidazole kills protozoans and some bacteria. However, 2 g of metronidazole in a single dose is not considered to be an efficient treatment against bacteria, while it has been a suitable protocol for eliminating *T. vaginalis*⁵.

In conclusion, chronic prostatitis may eventually be diagnosed only during physical examination. It can negatively interfere in the sexual life of men and the treatment for eradicating *T. vaginalis* can be effective.

REFERENCES

- Van Laarhoven PH. Trichomonas vaginalis, a pathogen of prostatitis. Arch Chir Neerl 1967; 19(3): 263-73.
- Skerk V, Schonlwald S, Krhen I et al. Aetiology of chronic prostatitis. Int J Antimic Agents 2002; 19(6): 471-4.
- Schaeffer A. Chronic prostatitis and the chronic pelvic pain syndrome. NEJM 2006; 355(16): 1690-8.
- Sutcliffe S, Giovannucci E, Alderete JF et al. Plasma antibodies against Trichomonas vaginalis and subsequent risk of prostate cancer. Cancer Epidemiol Biomarkers Prev 2006; 15(5): 939-45.
- Spence MR, Harwell TS, Davies MC, Smith JL. The minimum single oral metronidazole dose for treating trichomoniasis. Obst Gynecol 1997; 80(5): 699-703.

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