CHRONIC PROSTATITIS IN ADOLESCENTS

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Abstract:
The article outlines questions about chronic prostatitis in adolescents and children and treatment of the urinary system.

Keywords: prostatitis, treatment, adolescents, antibiotics, diagnosis, disease, prostate gland.

Prostatitis in children is acute or chronic inflammation of the prostate gland. The disease occurs as a complication of pathologies of the urinary system or when the organ is infected with pathogenic microflora. The main signs of prostatitis are difficult, painful urination, discomfort in the lower abdomen, and increased urge to urinate. To diagnose prostatitis, digital examination, instrumental methods (ultrasound, urethroscopy, uroflowmetry), and bacteriological analysis of prostatic secretions are performed. Treatment consists of physiotherapy, medications - antibiotics, anti-inflammatory drugs, microcirculation correctors.
Inflammation of the prostate is a rare occurrence in pediatric practice, which is due to the structural features of the organ and the absence of most risk factors that cause the disease in adulthood. In pediatric urology, this condition can be combined with other pathologies of the urinary system, which makes timely diagnosis difficult. The doctor is required to thoroughly examine the prostate gland, since untreated prostatitis in childhood leads to serious reproductive problems in the future.
The etiological structure of prostatitis in boys differs significantly from that in adult men. In children, the prostate gland becomes predominantly inflamed in the presence of other diseases of the genitourinary tract: neurogenic bladder dysfunction, chronic cystitis, pyelonephritis. Less commonly, the cause is congenital anomalies of the urinary tract, as well as prolonged placement of a urological catheter when independent urination is ineffective.
Classic infectious prostatitis in children is quite rare. The main etiological factor is infection of the organ with Escherichia coli. Pathogenic microorganisms can enter the prostate from foci of chronic infection or during medical procedures on the urethra. Risk factors include a decrease in the body's nonspecific resistance, hypothermia, and concomitant somatic diseases.
The extremely rare occurrence of the problem in boys of preschool and primary school age is caused by the anatomical and functional immaturity of the prostate gland. In children under 9-10 years of age, it has a spherical shape and does not contain a sufficient number of lobules and muscle fibers. Only by the age of 11-13, at the onset of puberty, the organ acquires an “adult” shape, is clearly palpable, and begins secretory activity. During this period, the development of prostatitis is possible.

Symptoms of prostatitis depend on what form of the disease is found in the patient. So, among the symptoms of acute bacterial prostatitis may be the following :

- feeling unwell, fever, chills - similar to the flu;
- pain in the perineum, during ejaculation, in the scrotum, in the anus, in the lower abdomen and sometimes in the muscles;
- often want to go to the toilet, especially at night, while urination is painful, difficult or even impossible;
- The urine may be cloudy or contain blood.
- In chronic bacterial prostatitis, the symptoms are similar, but usually milder and last at least three months. The main symptom of bacterial inflammatory prostatitis is pelvic pain, including during ejaculation. Sometimes it is difficult for a person to go to the toilet. Although the pain is usually less than that of acute bacterial prostatitis, the disease still significantly impairs the quality of life.

•It is difficult to independently distinguish bacterial prostatitis from non -bacterial prostatitis . However, patients do not need to do this - the doctor must make an accurate diagnosis. It is enough to remember three signs of prostatitis: pain in the pelvic area, difficult or painful urination and painful ejaculation. If these symptoms appear, you should consult a doctor as soon as possible.

In most patients with chronic prostatitis, before treatment, there is a significant disturbance of local blood circulation in the prostate gland, characterized by a decrease in peak systolic blood flow velocity in the arteries and linear blood flow velocity in the veins, a decrease in the density of the choroid plexus, a decrease in volumetric blood flow in this organ, and an increase in the resistance index of prostate vessels and pulsation index. Thus, the results obtained give reason to believe that the inclusion of biofeedback methods of the pelvic floor muscles in the complex treatment of patients with chronic prostatitis can significantly improve microcirculation in this organ, and therefore provide a higher concentration of the antibiotic in the source of inflammation and reduce swelling of the prostate gland, and therefore, eliminate or significantly reduce pain and urinary disorders, as well as improve the quality of life of patients.

The danger of chronic prostatitis lies in its negative impact on the reproductive health of the boy. In childhood, the patient may not have any special complaints, but upon reaching puberty, decreased libido, rectal dysfunction, and infertility are possible. The chronic inflammatory process ends with fibrosis of the prostate, as a result of which the organ cannot properly perform secretory and sphincteric functions.

The spread of inflammation to the genitals is fraught with orchitis, epididymitis, and vesiculitis. The bacterial process, in the absence of timely treatment, is complicated by prostate abscess. In this case, the child’s pain increases, febrile fever occurs, and urination and defecation

become difficult. When an abscess is opened, fistulas can form between the gland and the urethra or rectum.

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