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JOURNAL ARTICLE

Seminal fluid findings in men with nonbacterial prostatitis and prostatodynia

J. N. Krieger, R. E. Berger, S. O. Ross, I. Rothman and C. H. Muller
Department of Urology, University of Washington School of Medicine, Seattle 98195, USA.

There is considerable confusion about the effects of prostatitis syndromes on male reproductive physiology. Therefore, we correlated findings on seminal fluid and expressed prostatic secretions from 100 men attending a special prostatitis clinic. These men had symptoms of prostatitis but no evidence of urethritis, acute or chronic bacterial prostatitis, or significant urological abnormalities. All subjects were evaluated following a standardized protocol, including lower urinary tract localization studies, expressed prostatic secretion analyses, and seminal fluid analyses with Bryan-Leishman staining. Seminal fluid findings were compared in men with inflammation ($>$ or $= 10(6)$ leukocytes/ml) in their expressed prostatic secretions, i.e., nonbacterial prostatitis, and men without inflammation in prostatic secretions, i.e., prostatodynia. Of 23 men with inflammation ($>$ or $= 10(6)$ leukocytes/ml) in their seminal fluid, 6 (26%) had nonbacterial prostatitis (mean leukocyte concentration $8.6 \pm 9.4 \times 10(6)/\text{ml}$ of semen) and 17 (74%) had prostatodynia (mean leukocyte concentration $6.2 \pm 7.0 \times 10(6)/\text{ml}$, not significant). Of 77 men who did not have seminal inflammation, 15 (19%) had nonbacterial prostatitis (mean leukocyte concentration $0.1 \pm 0.2 \times 10(6)/\text{ml}$) and 62 (81%) had prostatodynia (mean leukocyte concentration $0.1 \pm 0.2 \times 10(6)/\text{ml}$, not significant). Men with nonbacterial prostatitis had lower values for several parameters associated with sperm motility, especially the proportion of motile sperm (45% compared with 60% for men with prostatodynia, $P = 0.08$) and sperm subjective speed score (median 3 compared to 4 for men with prostatodynia, $P = 0.03$). In summary, a minority of men had seminal inflammation, even among men with nonbacterial prostatitis. There was poor correlation between inflammation in the prostatic secretions and in the semen. Nonbacterial prostatitis, but not seminal inflammation, was associated with reduced sperm motility. Our findings highlight technical issues and the importance of investigating different sites and samples, including the urethra, expressed prostatic secretions, and seminal fluid.

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