Role of Repeated Prostatic Massage in Chronic Prostatitis: A Systematic Review of the Literature

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No Abstract

Editorial Comment: This study represents a systematic review of MEDLINE® and EMBASE® articles for evidence on the effectiveness of prostatic massage. The authors found 1 randomized controlled trial with 81 patients randomized to antibiotics with or without massage, with no significant benefit. There were 3 other series of 114 patients in total comparing the condition before and after treatment with antibiotics plus or minus massage, with some benefit of massage noted. There was no study using monotherapy alone. Because of a lack of clear effective alternative treatments, the authors state, “There should be an open dialogue between the clinician and the patients at the outset with a view to setting realistic targets. Symptom management rather than eradication should be the goal and the patients should have an opportunity to make an informed choice.” In view of the variability in symptoms and frequent complete lack of any evidence of prostatic origin of pain I would recommend using this modality infrequently, and would investigate the usefulness of myofascial, aerobic and psychological therapy, and other modalities first.

Richard E. Berger, M.D.

Foreskin Length in Uncircumcised Men is Associated With Subpreputial Wetness

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Summary: This study was performed to identify possible factors associated with penile wetness, defined as the observation of a diffuse homogenous film of moisture on the surface of the glans and coronal sulcus, in men attending a sexually transmitted infection clinic. Genital examination was undertaken in 422 uncircumcised men and any degree of subpreputial wetness observed was recorded. The degree of visibility of the urinary meatus on direct inspection was also assessed. Subjects were asked whether they retracted the foreskin while urinating and how long since they had last passed urine. Penile wetness was observed in 13.0% of the men and was more common in those whose foreskin covered the urinary meatus on direct inspection (17.4% vs. 4.9%) and those with balanitis (33.3%). On multivariate analysis, penile wetness was independently associated with balanitis, non-specific urethritis/chlamydia, reporting sex with another man and having a visible urinary meatus on direct inspection. Penile wetness was not associated with retracting the foreskin while passing urine or duration since last passed urine. Men with a foreskin covering the urinary meatus
on direct observation should be advised about the benefits of good genital hygiene if penile wetness was observed.

**Editorial Comment:** When retracting the foreskin one not infrequently notes some wetness or urine. These investigators found that men with wetness also had more balanitis, non-specific urethritis and chlamydial infection. Although they do not prove effectiveness, they recommend education for better hygiene in these men. Recommending foreskin retraction during urination and getting rid of residual urethral urine may improve the health of some men, especially those with high risk sexual behaviors.

Richard E. Berger, M.D.

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**Voiding Function and Dysfunction, Bladder Physiology and Pharmacology, and Female Urology**

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**The Uroepithelial-Associated Sensory Web**

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An important, but not well understood, function of epithelial cells is their ability to sense changes in their extracellular environment and then communicate these changes to the underlying nervous, connective, and muscular tissues. This communication is likely to be important for tube- and sac-shaped organs such as blood vessels, the lungs, the gut, and the bladder, whose normal function can be modulated by stimuli initiated within the epithelium. We propose that the uroepithelium, which lines the renal pelvis, ureters, and inner surface of the bladder, functions as an integral part of a ‘sensory web.’ Through uroepithelial-associated channels and receptors, the uroepithelium receives sensory ‘inputs’ such as changes in hydrostatic pressure and binding of mediators including adenosine triphosphatase (ATP). These input signals stimulate membrane turnover in the outermost umbrella cell layer and release of sensory ‘outputs’ from the uroepithelium in the form of neurotransmitters and other mediators that communicate changes in the uroepithelial milieu to the underlying tissues, altering their function. The global consequence of this sensory web is the coordinated function of the bladder during the cycles of filling and voiding, and disruption of this web is likely to lead to bladder dysfunction.

**Editorial Comment:** The “sensory web” referred to in the abstract includes the uroepithelium, closely apposed nerve fibers, interstitial cells (including myofibroblasts and mast cells) and the bladder smooth muscle itself. This is an excellent review article from the group that pioneered the application of this concept to lower urinary tract function and dysfunction. The primary thesis is that the urothelium actively participates in normal bladder function by communicating the degree of bladder filling to underlying neural and muscular tissue, affecting their function. The potential clinical application, as stated by the authors, is that “Defects in the uroepithelial expression of receptors or aberrant release of mediators such as ATP and acetylcholine may contribute to bladder diseases such as interstitial cystitis and detrusor overactivity. As such, uroepithelial associated receptor and mediator release pathway serve as important targets for the pharmacologic management of bladder disorders.”

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