

Comment

Chronic pelvic pain syndrome: the most common urological disease medicine chose to forget

Datesh Daneshwar

Prince Court Medical Centre, Federal Territory of Kuala Lumpur, Kuala Lumpur, Malaysia

Chronic pelvic pain syndrome (CPPS) is one of the most common yet chronically neglected urological conditions. Affecting up to 10% of men worldwide, it remains poorly understood, frequently mistreated, and structurally deprioritised by healthcare systems. Its management is often dominated by outdated habits and shaped more by economic convenience than clinical evidence.

Despite the fact that >90% of CPPS cases are nonbacterial, antibiotics—particularly fluoroquinolones—continue to be reflexively prescribed. These agents rarely provide sustained relief and are associated with severe musculoskeletal and neurological side effects. Ironically, these adverse effects can mimic autoimmune or rheumatological conditions, resulting in further misdiagnosis, unnecessary referrals, and iatrogenic harm. Regulatory authorities, including the European Medicines Agency (EMA), have cautioned against fluoroquinolone use in chronic, non-life-threatening conditions for precisely these reasons.

Why, then, do clinicians persist in using them?

The unfortunate truth is that CPPS is not profitable. It is not procedural, not surgical, and not supported by a streamlined pharmaceutical solution. Its management is time-consuming and often requires a multidisciplinary approach—physical therapy, shockwave therapy, lifestyle counselling—none of which align with high-revenue, high-throughput clinical models.

In contrast, investigations, prescriptions, and quick referrals are incentivised. Polypharmacy is the norm. And many patients, who are often labelled as ‘difficult’, bounce between clinics, enduring both medical nihilism and overtreatment. In such a system, the principle of *primum non nocere* is not only forgotten—it is actively subverted.

Our prospective study involving 50 men with CPPS and erectile dysfunction demonstrated significant and sustained improvements in pain, urinary symptoms, and sexual function following a structured 10-session course of low-intensity extracorporeal shockwave therapy, after failure of fluoroquinolone-based regimens. Not a single serious adverse effect was recorded [1]. Yet such evidence-based modalities remain underutilised.

It is time to confront the ethical cost of our inertia. Patients with CPPS are suffering not because there is no solution—but because the current system does not reward the right kind of solution. Clinical guidelines must urgently limit repeated empiric antibiotic use in CPPS, elevate therapies with demonstrable efficacy and safety, and promote education that reframes CPPS as a neuroinflammatory pain disorder—not a residual infection to be chased by prescriptions.

Chronic pelvic pain syndrome is real. It is prevalent. And it is time medicine treated it with the seriousness, dignity, and ethical clarity it deserves.

Disclosure of Interests

None.

Reference

- 1 Daneshwar D, Nordin A. Low intensity extracorporeal shockwave therapy for chronic pelvic pain syndrome patients with erectile dysfunction. *Medicine* 2022; 101: e28546

Correspondence: Datesh Daneshwar, Prince Court Medical Centre, Federal Territory of Kuala Lumpur, Kuala Lumpur 50450, Malaysia.
e-mail: drdatesh@uroheal.com