

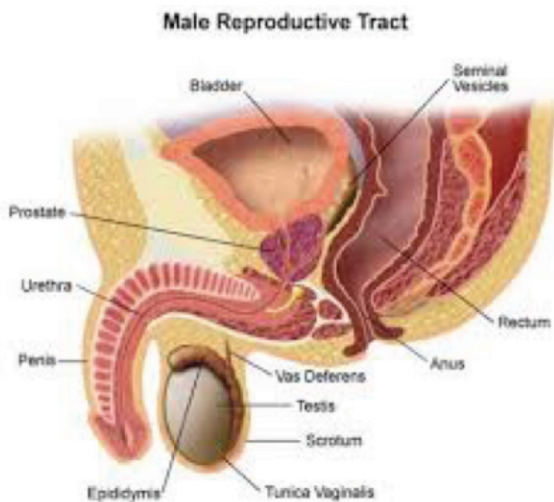


Undiagnosed Groin, Abdominal and Pelvic (UGAP) Pain in Males

By Pramod Wasudev, M.D.

Males can suffer from numerous conditions affecting the structures surrounding the pelvis and in the pelvic cavity itself. The volume of these patients, including economic impact, is staggering. It is estimated that in the USA alone, literally millions of patients are reported as having chronic groin, abdominal and pelvic pain. In males, it is estimated that 50% (tens of millions) of all adult males suffer from abacterial prostatitis causing UGAP pain. Interstitial cystitis also affects males. Sportsman's hernia affects 0.5% to 6.2% of all professional athletes. Also, nearly 30% (225,000) of patients suffer from groin pain following repair of traditional groin hernias.

Nearly 8.4 % of the patients in our series presented with acute symptoms mimicking acute appendicitis, acute diverticulitis and incarcerated inguinal hernia and several have even undergone unnecessary surgeries. The remainder of these patients (92%) had chronic symptoms with a duration ranging from 6 weeks to 22 years.



Some conditions are due to involvement of the structures directly and some due to radiating pain to the area. Etiology of the pain may be due to one or several of the following: Inflammation of the tendons i.e. tendonitis/enthesopathy, Inflammation of the lining of the bones – Periosteitis, Spasms of the muscles, Entrapment of the nerves, and Distension of the bladder and rectum.



Depending on the site of the body affected, the symptoms vary as follows:

- I. Lower Abdomen mimicking Appendicitis, diverticulitis and entrapment of Lateral femoral cutaneous nerve (Meralgia Paresthetica)
- II. Tendonitis (enthesopathy) of Inguinal/groin area which includes "Sportsman's Hernia," pain radiating to the Testis/penis and refractory pain after any surgery at this area
- III. Tendonitis (enthesopathy) of Adductor tendons
- IV. Pain and spasms of the muscles in the Pelvic floor mimicking Abacterial Prostatitis, interstitial cystitis (causing bladder symptoms), Levator Ani Syndrome
- V. Perineal pain, for example, Anal pain, Proctalgia Fugax (spasms of the anal muscles) and Pudental nerve syndrome
- VI. Pain over the tail bone (Coccydynia)
- VII. Pain over the sitting bones (Ischial bursitis)

TESTIMONIAL

I wanted to take this opportunity to share my positive experience from the steroid injections I received in the office of Pramond Wasudev M.D. six months ago.

Since the three series of injections, I've been mostly pain free in the pelvic area. Pain-free from what was diagnosed as prostatitis for over 20 years. Over those years, I'd seen four primary care physicians and at least six urologists for the condition. All took the same course of treatment: Antibiotics. Each prescribed various types and lengths of treatment. I think I've tried every type that was even remotely known to get rid of prostatitis. At one point, I even took two types of antibiotics at once. Now, I do believe at some points during the years I did have bacterial prostatitis. And, in no way am I complaining about the treatment I received. I believe each doctor did his best to help me.

But, even after long stints on antibiotics I wouldn't be pain free. The pain would subside for periods only to come back. I would go through periods where I thought exercise helped and then I would come to believe exercise only made things worse. Most of all, I dreaded car rides and movies! Sitting for long periods caused mild discomfort at best, to pain that could only be quelled by a narcotic pain medication.

I was lucky that a hemorrhoid led me to meet Dr. Wasudev. I was referred to him by my primary care physician for a simple case of hemorrhoids. As Dr. Wasudev examined me I noticed he was asking a ton of questions. I thought this doctor is being really thorough about my hemorrhoids. But, in reality he was getting information about all the pain I was experiencing. And for that I'm now so thankful. After my examination, he explained how my "chronic prostatitis" could be caused by inflammation in the pelvic muscles. It really was a life-changing moment for me as he recommended the steroid injections.

I received the series of shots and have been amazed at the results. But, there is some anger from thinking why did it take over 20 years to find a doctor that even suggested something other than prostatitis might be going on. That's why this is the first results letter I've ever written for a doctor. I hope my words may find their way to some other men who have gone through a similar experience. Even above that, I also hope news of this treatment of pelvic pain may find its way to urologists who see many men with my problem.

-William G. West