

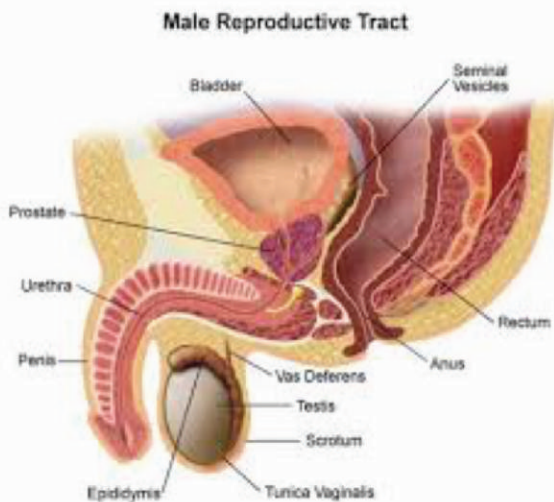


Undiagnosed Groin, Abdominal and Pelvic (UGAP) Pain in Males

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.

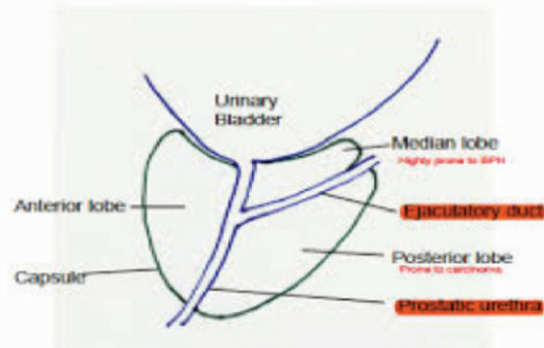
I received the series of shots and have been amazed at the results. But, there is some anger from thinking why did it take over 20 years to find a doctor that even suggested something other than prostatitis might be going on. That's why this is the first results letter I've ever written for a doctor. 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

VIII. Pain over lower back: Sacroiliac joint problems and bursitis over back of iliac bone (Post. sup. iliac spine)

IX. Pain on the sides of the pelvic bone: Trochanteric bursitis. Piriformis Syndrome

Prostate gland



Abacterial Prostatitis

Abacterial Prostatitis

This is a very common condition and nearly 50% of adult males suffer from it. Nonbacterial prostatitis and prostatodynia were combined as category III (i.e., chronic abacterial prostatitis/chronic pelvic pain syndrome (CPPS)). Paraprostatic sign described and used by me, demonstrates that the prostate itself is minimally tender due to transmitted pain, but tenderness is marked lateral to the prostate over inflamed periosteum and attached muscles. Thus, I feel that abacterial prostatitis is actually not a true prostatitis, CPPS mimics prostatitis.

Sportsman's Hernia

Sportsman's Hernia

Significant interest has been generated in the sports world on this topic. The term "sports hernia" (or Sportsman's hernia) is a confusing diagnosis, including a hodgepodge of underlying



pathologies and associated treatments. Groin pain among professional athletes is common in sports involving side to side movement, cutting, quick acceleration and deceleration, and sudden directional changes. Nearly 85% of my patients have responded to a conservative, non-surgical approach. Only 15 % of my patients have undergone surgical repair. Some facts about Sportsman's hernia:

- It is not a true hernia and there is no sac with contents like in a traditional hernia.
- All patients with Sportsman's hernia have pain sometimes disabling, whereas traditional hernia is painless, unless it is incarcerated.
- Both conditions can co-exist, thus surgery needs to be tailored.
- One does not have to be a Sportsman to have Sportsman's hernia. The majority of my patients who have undergone surgery for Sportsman's hernia have sedentary jobs and some are housewives.
- Surgery for these two types of hernia is different - there are very few surgeons in the country who have taken interest and have specialized in doing surgery for Sportsman's hernia.

DIAGNOSIS IS FAIRLY SIMPLE AND IS DONE ON CLINICAL EXAM - RARELY DO WE USE CT SCANS & MRI

In a majority of the patients, diagnosis can be strongly suspected just on exam in the office by taking a detailed history and by doing a thorough physical exam including rectal exam. Rarely do we use CT Scans and MRIs. The following tests I recommended are very useful: Rectus Flexion test, Spermatic cord traction test, Adductor resistance test, Para prostatic sign, and Trans rectal sacroiliac sign. Final confirmation is done by giving a series of steroid injections.

Treatment Options:

Treatment is multidisciplinary, often involves a team of several specialists and is done in stages.

The initial treatment is focused on pain control, i.e., using oral analgesics, non-steroidal anti-inflammatory medications, passive physical therapy with ultrasound, warm and cold compresses and electrical stimulation. However, the mainstay is a series of local trigger point steroid injections. This also helps to confirm the diagnosis.

Over 35 Years of UGAP Experience

With exhaustive experience on this topic for the past 35 years, you can learn more from my website, www.ugappaincare.com or call 615-865-0700.

Avoid Unnecessary Surgery!

The majority of our patients are treated conservatively with a non-surgical approach. Don't be Disheartened and Discouraged!

Study Results:

Patients and Methods: Retrospective study of total of 203 patients seen between 1983 and 2006: 49 males (24%) and 154 females (76%). Precipitating factors were previous lower abdominal surgeries in 46%, infections in 7.3%, sports activities in 3.9% and non-specific in 33.4% of patients.

Results: Out of 203 patients, 139 (68%) had excellent results, 43 (21%) had good results, 6 (3%) had satisfactory and 9 (4%) had partial to poor response. Six were lost to follow-up.

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