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Chronic Pelvic Pain in Men

The mention of pelvic pain and your immediate thoughts are of women. But men also experience pelvic pain though the incidence is much lower.

Chronic Prostatitis is the most common urological diagnosis in men older than age 50 and the third most common diagnosis in men younger than age 50 years resulting in approximately 2 million office visits per year. However, only about 5 % of all patients with prostatitis actually have a bacterial prostatitis. In other words 95% of men with prostatitis do not have any identifiable bacterial infection. One class of antibiotics (Fluoroquinolones) in a roundabout way acts on pain receptors and can dull the pain, making it feel like the “infection” is getting better. Caudal epidural steroid injections can be performed to help alleviate residual pain.

Other causes of pelvic pain in men include pudendal neuralgia, Ilioinguinal-Iliohypogastric neuralgia and genitofemoral neuralgia.

Pudendal Neuralgia may occur secondary to repetitive micro trauma to the nerve from common physical activities; i.e. High School sports or adults activities; flexion of the hip from jogging, abdominal crunches, leg presses and cycling; jobs that require long hours of sitting driving or on transoceanic air flights; straining from chronic constipation; trauma and radiation.

Pudendal Neuralgia or pudendal nerve entrapment in men can lead to disabling pain in the penis, scrotum, perineum and rectum excluding the testes especially when sitting and relieved or improved with standing or lying down. The symptoms are usually unilateral, however if there is bilateral pain it is typically more affected on one side. The pain is described as a burning, itching or tingling sensation. Patients have increased sensitivity to mild painful stimuli, pain in response to non-painful stimuli and sensations of tingling or numbness.

Pudendal neuralgia can be very difficult to diagnose, as no specific test exists. Therefore diagnosis of this condition relies heavily on a proper history, physical examination and possibly a diagnostic pudendal nerve block.

Once the proper diagnosis is made, the initial treatment includes minimizing the activities that worsens the pain and occasionally oral medications. Physical therapy is used in patients identified with pelvic floor muscle tension. When conservative treatment fails Pudendal nerve blocks should be performed and if successful, further discussion of long term treatment can be discussed with the Interventional Pain Physician.