**Cefturoxime Axetil vs. Ceftiraxone and Both Combination in Treatment of Chronic Bacterial Prostatitis: A Prospective, Randomized, Double-Blind Trial**

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**Introduction & Objectives:** Oral and parenteral cephalosporins is a good choice to treat patient, documented with Chronic Bacterial Prostatitis (CBP). The purpose of this study is to compare the action efficiency of Cefturoxime axetil (oral cephalosporin, broad spectrum, group 2) with Ceftiraxone (parenteral cephalosporin, 3rd generation group 3a), and both combination in the treatment of men with CBP.

**Material & Methods:** A total of 123 patients with a clinical diagnosis of CBP and current laboratory evidence of infection were randomized to receive 10-30 days oral and parenteral cephalosporines. They were separated in three different groups with 41 patients in each group. First group (n=41) cefuroxime axetil 500 mg, twice daily (b.i.d.) for 10 days and continue once daily (o.d.) for 10 days in the evening, at bedtime. Second group (n=41) ceftiraxone 1gm, parenteral b.i.d. for 10 days. Third group (n=41) ceftiraxone 1gm, parenteral b.i.d. for 10 days then cefuroxime axetil 500 mg b.i.d. for 10 days and continue cefuroxime axetil o.d. for 10 days in the evening, at bedtime. All the cases in three groups during their treatment have been taken Lenycist (a natural italian liquid with cranberry) that have four action: A strong antinflamatory and antibacterial action, works as diuretic agent also preventing the bacterial adhesion to the bladder wall. All patients were evaluated with the Meares-Stamney test and the validated with chronic bacterial prostatitis symptoms index (CBPSI) at baseline and one week after therapy completion.

**Results:** The microbiological eradication rate was: first group 68.29% (n=28), second group 75.6% (n=31) and third group 85.36% (n=35). At the end of the treatment the clinical improvement based on the CBPSI was a small difference between the first and the second group, but for the third group was maximally reduce of the CBPSI. The Meares-Stamney test after 6 months results positive: First group 13 cases; Second group 10 cases and the third group 6 cases.

**Conclusions:** The antibiotic treatment is effective in CBP, while 27% of patients who had undergone antibiotic therapy alone were recurrence-free (p).

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**Efficacy and Safety of Pollen Extract of Several Different Plants (Cernilton) in Patients with Chronic Abacterial Prostatitis**

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**Introduction & Objectives:** In 2008 comparative clinical randomized trial was conducted to investigate efficacy and safety of two doses of pollen extract of several different plants (Cernilton) in patients with chronic abacterial prostatitis.

**Material & Methods:** 48 male patients (age: 18-50 years) with confirmed chronic abacterial prostatitis were randomized into two groups; I group (25 patients) took 2 tablets 3 times per day, II group (23 patients) took 1 tablet 3 times per day. The patients were treated for 3 months and followed up for a further 6 mo. The results were analyzed comparatively with NIH-CPSI, symptom frequency scale, linear scale, Sex-4, I-PSS, QoL, results of clinical blood and urine analysis, bacteriological and microscopical analysis of secretion of prostate, urodynamics examination (Gmax, Vres), ultrasound examination (prostate volume, residual urine volume).

**Results:** The NIH-CPSI: a six-month total score was lower in 18% (p<0.001) in I group than in II one. Comparing initial and 6-month score of subjective sensations in I group it decreased on 57% in I group (p<0.001; in II group on 48% (p<0.001). The linear scale total score on 3rd visit lowered on 80% (p<0.001) in I group and on 71% (p<0.001) in II group. The symptom frequency score in I group decreased on last visit on 50% (p<0.001), in II group on 33% (p<0.001). After treatment statistically significant increase was observed in both groups, but most evident in I group than in II one (p<0.003). The scale Sex-4 total score there is decrease in I group of 23% (p=0.22), and in II – 13% (p=0.44), but results are not significant. The QoL total score decreased on last visit in I group to 63% (p<0.001), in II group on 60% (p<0.001). In microscopical analysis we found decrease of leucocytes, that showed diminution of inflammation, most evident in I group (on 38%, p<0.093). Before treatment results of urodynamics and ultrasound examination were almost normal and after treatment we don’t get any significant changes in both groups.

**Conclusions:** The pollen extract of several different plants (Cernilton) in patients with chronic abacterial prostatitis showed significant anti-inflammatory effect which maintains for 3 months. Comparing two regimen two tablets 3 times per day showed better clinical effect. Both regimens are safe. Intensity of symptoms and inflammation decreases significantly, normalisation of clinical aspects was approved. This compound of pollen extract is effective and safe medication for treatment of chronic abacterial prostatitis.