Latest Therapeutic Advances in Urologic Chronic Pelvic Pain Syndrome Salman Ashraf*, Taylor C. Clarkson, Alison Xiaoqiao Xie, Anna P. Malykhina

Introduction and Objective. Urologic Chronic Pelvic Pain Syndrome (UCPPS) is a painful chronic condition with persistent pelvic pain often originating from the pelvis that can lead to detrimental lifestyle changes in the affected patients. The syndrome affects both, females and males, with an estimated prevalence from 5.7 to 26.6% across the world. In this narrative review, we summarized the latest translational and clinical research advances in the UCPPS field, followed by the currently used approaches to accurate diagnosis, treatment options, and potential improvements for treating UCPPS patients.

Methods. A narrative review of existing literature surrounding chronic pelvic pain and associated co-morbid pain conditions was conducted. The National Library of Medicine was searched for original clinical and translational research data within the past 10-15 years followed by the review of the published findings. The data was corroborated with findings from the Multidisciplinary Approach to Pelvic Pain Network, and additional original clinical research studies.

Results. UCCPS is a complex chronic condition which could be misdiagnosed due to the broad range of symptoms and significant symptom overlap with other chronic illnesses. UCPPS is typically diagnosed based off patient medical history and physical examination. Additional evaluation techniques center around focal findings such as pelvic masses and mucopurulent cervical discharge. Secondary to physical exam, urinalysis, microbiologic tests, and laparoscopy are often used to rule out other causes prior to diagnosing UCPPS.

Conclusions. Diagnosis of UCPPS should implement a more holistic approach by incorporating specific questions about region, duration, and previous history of pain (both cyclical and non-cyclical) into initial examination. Establishing a clear understanding of the patient's pain description is necessary in order to rule out other causes, and to initiate treatment early on with existing methodologies while creating a more customized treatment plan.

Source of funding: NIH grant support DK116648