

Question 1

- What is the percentage of acute prostatitis that could develop into chronic prostatitis?
 - a) 2%
 - b) 5%
 - c) 7%
 - d) 10%

Question 2

- When do you consider prostatitis a chronic syndrome?
 - a) > 3 weeks
 - b) > 6 weeks
 - c) > 12 weeks
 - d) > 24 weeks

Question 3

- What is considered the best management to avoid chronic prostatitis?
 - a) Early alpha blockade therapy
 - b) Appropriate treatment of the acute bout
 - c) Avoid foley catheter insertion
 - d) Anti-androgen therapy

Question 4

- Intra-prostatic calculi are closely associated with:
 - a) Higher risk of prostate cancer
 - b) Recurrent acute episodes of prostatitis
 - c) Prolonged duration of symptoms
 - d) Increased prostate volume

Question 5

- What is the least recommended test used to diagnose CPPS?
 - a) 2 – glass test
 - b) Uroflowmetry
 - c) Residual urine volume
 - d) Urethrocystoscopy

Question 6

- Improvement on alpha blockade therapy is considered successful after how many weeks of therapy?
 - a) > 3 weeks
 - b) > 6 weeks
 - c) > 12 weeks
 - d) > 24 weeks

Question 7

- The most prescribed agent in treatment of CP/CPPS is:
 - a) Antibiotics
 - b) NSAID's
 - c) Alpha - blockers
 - d) Skeletal muscle relaxants

Question 8

- What is considered the last resort in the treatment of CP/CPSP?
 - a) TUNA
 - b) TUMT
 - c) TURP
 - d) Open prostatectomy

Question 9

- Which of the following categories is the least asked about in NIH-CPSI?
 - a) Pain
 - b) Urinary symptoms
 - c) Quality of life
 - d) Frequency of acute infections

Question 10

- How can you differentiate category II from category III chronic prostatitis upon presentation?
 - a) DRE
 - b) Suprapubic Tenderness
 - c) It is NOT possible to differentiate
 - d) Perineal pain
 - e) General appearance

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