

## Acute Prostatitis

### General points

- Send urine specimen for culture prior to treatment.
- Consider testing for chlamydia and gonorrhoea.

### Antibiotics (Empiric therapy)

#### 1st line:

\* **Ciprofloxacin** 500mg-750mg BD PO

OR

**Trimethoprim** (if ciprofloxacin not suitable) 200mg BD

OR

**Co-trimoxazole (Trimethoprim-sulfamethoxazole)** 960mg BD PO

\* Please read the [HPRA Drug Safety Alert](#) issued in 2018 and the [HPRA Drug Safety Newsletter](#) issued in 2023 highlighting restrictions on use of fluoroquinolones (e.g. ciprofloxacin, levofloxacin) due to the risk of disabling, long-lasting and potentially irreversible side effects (including tendon damage, QT prolongation, neuropathies and neuro psychiatric disorder). Use of fluoroquinolones in older patients, those with renal impairment, solid organ transplantation or on systemic corticosteroids increases the risk of tendon damage.

### Comments

**Duration:** Review antibiotics after 14 days and either stop or continue for a further 14 days based on clinical assessment and culture results.

Treatment for 4 weeks may prevent chronic prostatitis but it is difficult to predict those at risk.

Review urine C&S results to ensure pathogen susceptible to prescribed agents.