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Estrogen Treatment of Chronic Prostatitis.

In 1952 O.A. Nelson recommended estrogen as treatment for congestion of the prostate, a physiologic, non-bacterial condition caused by an overproduction of prostatic secretion. This is by far the most common form of so-called chronic prostatitis, absence of bacteria being reported in 70 per cent of this diagnosis. Nevertheless it continues to be treated with antibacterials, antibiotics, various dietary restrictions, cystoscopy, urethral dilation, prostatic massage, hot or cold baths, ice suppositories, analgesics, narcotics and no doubt other regimens, all of which fail to address the root of the problem.

From 1952 to 1985 the Index Medicus had no other article on this use of estrogen.

While in the U.S. Air Force from 1957 to 1959 I had the opportunity of seeing and treating many young men who had symptoms of chronic prostatitis. Initially they were given diethylstilbestrol 10 mg daily as described in Postgraduate Medicine by Nelson. It was found that only the non-bacterial form of the disease with negative urinalysis and sterile expressed prostatic secretion responded; and because of undesirable side effects such as nausea, gynecomastia and impotence the dose was progressively reduced. Control of symptoms, namely discomfort in the lower back, perineal area and inner thighs, was possible with a much smaller dose which did not produce side effects. Ultimately one tablet of 0.1 mg of Stilbestrol per day was the optimum.

Chronicity of congestive prostatitis may require intermittent or continuous use of estrogen more or less indefinitely.

In civilian practice this treatment was subsequently used for 40 years with satisfactory results. Stilbestrol in the form of 0.1 mg tablets became unavailable in the 1980s at which time estinyl was substituted, a dose

of 0.01 mg every second day being prescribed. Estinyl has about 25 times the biologic equivalence of diethylstilbestrol. In Memorial Sloan-Kettering Cancer Center around 1960 Theodore Hall and I investigated the effect of estrogen and other agents on the histology and zinc content of the prostate, using X-ray fluorescence to measure precisely trace levels of zinc.

We found small doses of estrogen caused a flattening of the columnar epithelium of the prostate within one month in dogs and reduced the zinc content of the prostate normally the organ richest in zinc, to castration or body average levels. In men whose prostatic secretion had been measured for zinc it became impossible with estrogen administration to obtain any prostatic fluid by massage.

Theodore Hall was a brilliant and pleasant co-worker. He left New York about 1963 to go to work in the Cavendish Laboratory at Cambridge University in England, much to my surprise. He remained there for the rest of his life. He had been enlisted at 18 to work on the Manhattan Project and his "cooperation" with the Soviets is documented in "The Venona Files."

The estrogen treatment of chronic congestive prostatitis generally relieves symptoms in 2 or 3 weeks. This treatment is safe, effective and inexpensive and with adequate titration is devoid of side effects.

References

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