

Lack of a strict follow-up system makes clinical investigation obscure in Japan.

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Kimura Urology Clinic, Yokohama, Japan, is unique in treating men with high PSA values and men with chronic prostatitis. An office based sextant biopsy is conducted only on patients with PSA density higher than 0.2. Keishibukuryogan(Japanese herbal medicine) is prescribed for chronic prostatitis if the patients are diagnosed to have static blood.

In the period of April 2005 to March 2008, 229 men with high PSA values visited my clinic. Seventy patients with 0.2 or higher PSA density underwent a sextant biopsy, and 36 out of them were negative. Among these 36 cases, 6 showed 50% increase of PSA during their follow-ups, and then underwent a re-biopsy. Four of the 6 patients were detected to have prostatic cancers, all of which were organ confined. Fifty patients with less than 0.2 PSA density were followed up without a biopsy. In 19 cases among these, PSA density increased to higher than 0.2, and then a sextant biopsy was performed. Four patients revealed to have prostatic cancers, all of which were organ confined. Considering these results, it seems sufficient that a sextant biopsy be conducted only on patients with PSA density higher than 0.2. However, 33 patients had dropped out from the 5-year follow-up. Without having knowledge on these 33 cases after they stopped visiting my office, any conclusion cannot be reached.

During three years from April 2005 to March 2008, 147 men with chronic pelvic pain lasting more than six months visited my clinic. Through a bacteriological examination of prostatic secretion, 138 cases were chronic non-bacterial prostatitis. Under transabdominal ultrasonography, 62 cases showed an enlarged and twisted periprostatic vein. They were diagnosed as having static blood, and prescribed Keishibukuryogan. Among 76 cases without an enlarged periprostatic vein, 35 cases with pain which was reinforced by sitting, were diagnosed as having static blood, and Keishibukuryogan was prescribed. Among 60 patients with an enlarged periprostatic vein, 12 improved and required no farther prescription. Twenty-nine men expressed improvement but ceased seeing me regularly before complete pain relief. Nineteen men continued to have the same symptoms. Among 35 patients without an enlarged periprositatic vein, 3 improved, 11 ceased seeing me, and 21 continued to have the same symptoms. By detecting an enlarged periprostatic vein, ultrasonography was useful to choose patients to prescribe Keishibukuryogan.

As nearly half the patients stopped visiting my office during the follow-ups, my study is not sufficient to draw a definite conclusion. In Japan, the population registration data is not available for clinical studies. As Japan has no national identity number system, information on the patients who stopped revisiting a physician's office cannot be traced by the doctor. There is no tool in Japan to get information whether the lost patients live a healthy life now, or still continue visiting other doctors.