Prostatitis and Benign Prostatic Hyperplasia: Emerging Infectious Diseases?

To the Editor: In their excellent article, Molecular Approaches to the Identification of Unculturable Infectious Agents, Gao and Moore (1) point out that molecular approaches should be unleashed on diseases such as sarcoidosis, Kawasaki disease, and type I diabetes mellitus, which are thought but not proven to be infectious. The authors, however, are overlooking the more common and most likely infectious disease of unknown etiology today—prostatitis.

According to the pathologist McNeal, the prostate gland is the most commonly diseased internal organ of the human body (2). Prostatitis is the most common prostatic disease, resulting in more physician visits than either benign prostatic hyperplasia or prostate cancer, according to the National Institutes of Health (3). Despite its frequency, prostatitis as a disease and as a histologic lesion is understudied (4).

By the Meares and Stamey culture localization procedure, in which the first voided urine, a midstream urine, the expressed prostatic secretions, and a final voided urine are compared, more than 90% of cases in patients with chronic pelvic symptoms are labeled as “nonbacterial” prostatitis or prostatodynia, both of which are thought to be incurable diseases (5).

The University of Washington has documented white blood cell counts as high as 38,000 per mm$^3$, in “nonbacterial” prostatitis patients (6). According to urologist Thomas Stamey, up to 50% of all men experience symptoms of prostatitis during...
Risk Factors for Severe Leptospirosis in the Parish of St. Andrew, Barbados

To the Editor: Leptospirosis, an important zoonosis in most warm-climate areas, is endemic in most Caribbean countries (1). The disease was first reported in Barbados 60 years ago (2), and since 1979 has been the subject of continual study as the result of the establishment of the Leptospira Laboratory by the governments of Barbados and the United Kingdom. The annual incidence of severe leptospirosis in Barbados over the past 17 years has been approximately 11.5 cases per 100,000 population with a death rate of 13%. However, the incidence rate varies in the parishes of Barbados. For the 12-year period from 1979 to 1991, the lowest incidence rates were in St. Peter (9.5 cases per 100,000 population) and St. Michael (9.9 cases per 100,000 population), while the highest was in St. Andrew (40 cases per 100,000 population). This greater than fourfold difference in incidence rates has been attributed to differences in rainfall (3). We performed a retrospective case-control study to determine what other factors were important.

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References