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Columns Editorial

Infectious complications after prostate biopsy: Time to rethink our clinical practice

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Abstract

Prostate biopsy is a very common procedure performed worldwide which still represents the only way for prostate cancer diagnosis and reference point for subsequent treatments. Even if transrectal prostate biopsy is considered a safe procedure, it may be accompanied by infective complications, ranging from asymptomatic bacteriuria to symptomatic urinary tract infections and sepsis. During the recent decade we observed an increasing number of infectious complications and subsequent hospitalizations after and transrectal prostate biopsy. The most probable reason for the increasing rate of infectious complications after prostate biopsy is the increasing antimicrobial resistance, especially to the current first-line recommended fluoroquinolone antibiotics. We believe the time has come to re-think our current practice of diagnosing prostate cancer. We need to focus on the selection of patients at higher risk of infective complications, on microbiological sampling of the faecal flora prior to biopsy to identify resistance to specific agents, on the number of biopsy cores, on the biopsy route (perineal or transrectal approach) and, finally, consider alternative antibiotics with improved susceptibility to be used for prophylaxis.

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