our sample seems to be a direct, bodily communication of psychological distress about perceived sexual inadequacy, loneliness, and fear of being hurt by loss of an intimate relationship. Because it interferes with sexual function, the pain becomes a strategy to avoid intimacy, at the same time eliciting attention and nurturing from significant others and health care professionals.

Relationships between the site of the pain and factors such as depression or social isolation remain speculative. Because we performed a number of analyses, a few correlations may have been significant because of chance. A study is needed that compares men who have atypical genital pain with urological patients who have documented disease, such as testicular torsion, epididymitis, balanitis, bacterial cystitis, or bacterial prostatitis. The two groups should be matched in age and socioeconomic status. Standardized psychological testing could be included. Such a design could verify whether the high incidence of psychological problems and sexual dysfunction in men with atypical pain is unique and bears a relationship to their complaint.

Despite the lack of a control group, the evidence from this pilot study suggests that psychological factors may play a role in genital pain that has no identifiable organic cause. The use of antibiotics and other symptomatic treatment has been discouraged by other researchers; they have reported successful outcomes with relaxation training and other forms of stress management.[5,6]

Our policy is to tell patients that we believe they have a psychogenic disorder. We present the problem as one of stress-related chronic muscle tension, and advocate short-term, behaviorally-focused treatment, avoiding the language of psychology as much as possible.[3] Although many men refuse referral to a psychologist and some drop out of treatment, it helps most patients to have an accurate assessment of their syndrome and a recommendation for appropriate therapy.

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Commentary

MANY men who present with genital pain have no apparent organic explanation for their symptoms. The practice of many urologists is to treat these men as if they have chronic prostatitis, despite lack of evidence to support the diagnosis. Needless to say, this results in much inappropriate antibiotic therapy.

The current study suggests that a large number of men with atypical genital pain have an underlying psychological disorder as a causative factor. The patients reported by the author were selected, in that a psychological referral was made by the urologist and accepted by the patient. This introduces the possibility of bias in favor of men willing to articulate psychological problems. As noted, however, this was a pilot study whose results suggest the need for a prospective controlled study. In the meantime, it is advisable to consider psychosomatic factors as part of the differential diagnosis and to recommend referral to mental health professionals when appropriate.

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