

REPLY TO THE LETTER:

We really need a classification of prostatic abscess?

KEY WORDS: Prostatic abscess; Needle aspiration; Classification.

Dear Author,

I appreciate your interest in and comments on the article titled: "A new ultrasound and clinical classification for management of prostatic abscess" (1). In this article I don't propose a treatment algorithm that identifies patients to be treated or the type of treatment. I simply reported a descriptive review of the ultrasound images derived from the database of our university referral hospital and literature case reports. Currently, there are significant gaps in managing of prostatic abscesses (PA), and there is a need for a multidisciplinary approach to patient safety (2). However, a multidisciplinary approach involves drawing appropriately from multiple disciplines to redefine problems, and therefore it requires a common language. The aim of this classification was to improve a common and accurate language between multiple disciplines, often involved in this clinical situation. The "Dell'Atti classification" does not want to reveal the exact correlation between the type of PA and the type of the treatment. I perfectly know that in absence of symptoms, if a lesion is ultrasonographically identified as a PA, the lesion should not be treated.

REFERENCES

1. Dell'Atti L. A new ultrasound and clinical classification for management of prostatic abscess. *Arch Ital Urol Androl.* 2015; 87:246-9.
2. Oliveira P, Andrade JA, Porto HC, et al. Diagnosis and treatment of prostatic abscess. *Int Braz J Urol.* 2003; 29:30-4.

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