



Letter to the Editor

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Commentary on “Repetitive Transcranial Magnetic Stimulation for Chronic Prostatitis/Chronic Pelvic Pain Syndrome: A Prospective Pilot Study”

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I have carefully read the article recently published in *International Neurourology Journal* by Nikkola et al. [1], and their findings are indeed interesting. Their article is one of the few reports to address the issue of treatment-resistant chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). The authors evaluated the feasibility, efficacy, and safety of repetitive transcranial magnetic stimulation (rTMS) in patients with treatment-resistant CP/CPPS [1]. rTMS was found to be well tolerated by CP/CPPS patients and at least moderately effective in pain alleviation in patients refractory to medical treatment [1]. rTMS treatment modulates intracortical inhibitory circuits and may help to repair intracortical inhibition in patients with neuropathic pain [1]. Currently, antibiotics, analgesics, α -receptor blockers, and other medical therapies are used to treat CP/CPPS [2]. However, none of these approaches are potent and long-lasting. Hence, attempts to develop new treatment modalities for CP/CPPS are meaningful. Nevertheless, in our opinion, their study would have been even more informative if the authors had provided a clear explanation about the negative results observed 12 weeks after rTMS. In their study, at 12 weeks after rTMS, the numerical rating scale (NRS) again ascended to near the baseline level, which fits the typical response profile of rTMS [1]. This raises the question of whether we will need rTMS for CP/CPPS if there is no significant improvement in NRS at 12 weeks. It would be very helpful for the readers if the

authors could provide a clear explanation of this issue. Despite this limitation, the study of Nikkola et al. raises readers' awareness of the issue of new treatment modalities for CP/CPPS.

• **Conflict of Interest:** No potential conflict of interest relevant to this article was reported.

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