Ectopic Prostate in the Urinary Bladder

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HISTORY AND PHYSICAL EXAMINATION

A 31-year-old man presented with a 3-day history of gross hematuria. The physical examination showed nothing abnormal; laboratory results and urine cytology were normal. Ultrasonography and excretory urography did not show any evidence of upper urinary tract or bladder lesions.

CYSTOSCOPY

During cystoscopy a single ovoid lesion with a smooth surface, 1 cm in diameter, on the interureteral ridge (Fig. 1, arrow) was noted and resected endoscopically. Pathology examination revealed a prostatic-type polyp composed of prostatic glands arranged in a lobular proliferative pattern within the submucosa (Fig. 2).

DISCUSSION

Ectopic prostatic tissue in the bladder is extremely rare, and fewer than 50 cases have been reported in the English literature. They arise mainly in the bladder neck, trigone or interureteral ridge [1]. We demonstrated the endoscopic features of ectopic prostate tissue in the urinary bladder. Endoscopically, an ectopic prostate may be confused with malignancy. However the former is usually firm, smooth and dome-shaped with a broad base and normal overlying bladder mucosa, which is absent in urothelial neoplasm. Recurrence of ectopic prostatic tissue is rare and endoscopic resection is curative [2]. There are no reports of malignant transformation of an ectopic prostate.

REFERENCES

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2. Mori K, Spiro LH, Hect H, Orkin LA: Recurrent intraurethral proliferation of ectopic prostatic tissue associated with hematuria. J Urol 1975; **114**:316-318.

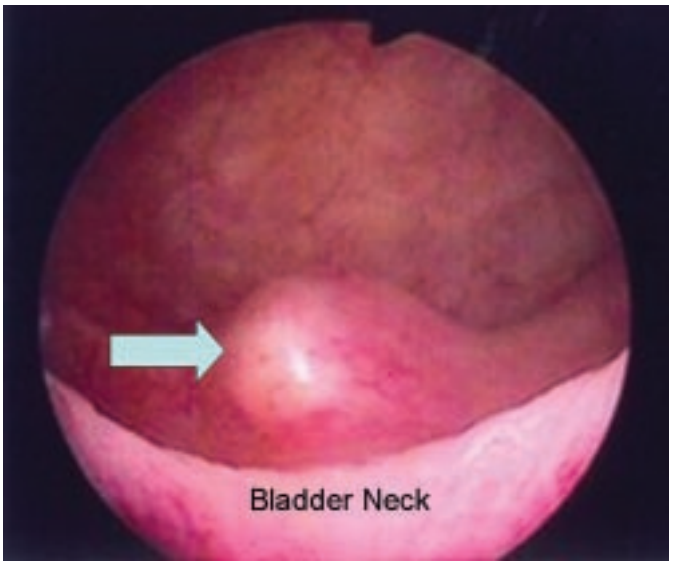

Fig. 1. An ovoid lesion located in the middle portion of the interureteral ridge.

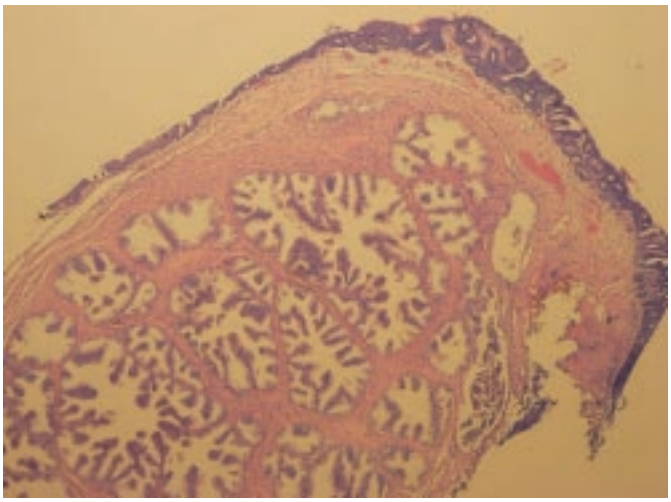

Fig. 2. Histopathologic findings reveal prostatic glands.