

Severe Lower Urinary Tract Symptoms associated with a Prostate Abscess

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BRIEF HISTORY

A 35-year-old man with poorly controlled diabetes mellitus presented to the emergency department after a 5 day history of aggravated urinary frequency and dysuria. He had been an intravenous heroin addict for many years.

CLINICAL EXAMINATION

The patient was afebrile (body temperature, 36°C) and a digital rectal examination revealed tenderness of the prostate. His hemogram showed leukocytosis with 16320 white blood cells/mL and urinalysis revealed pyuria (WBC >100/HPF).

IMAGING FINDINGS AND MANAGEMENT

Computed tomography of the pelvis showed a hypodense lesion in the right lobe of the prostate (Fig. 1 arrow). Urine and blood cultures yielded *Klebsiella pneumoniae*. He received parenteral ciprofloxacin for 14 days course and the lower urinary tracts symptoms resolved.

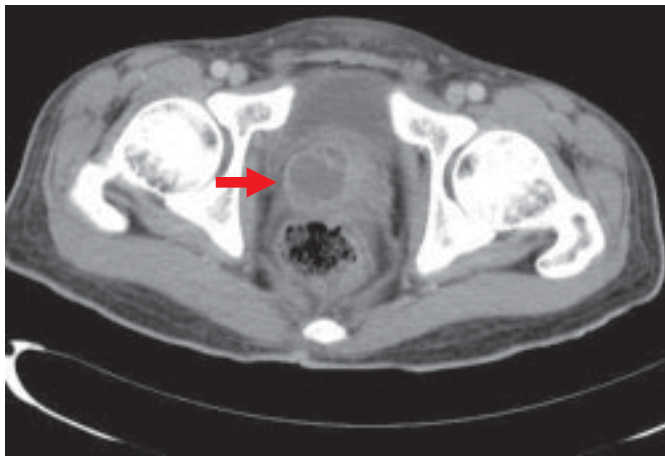


Fig. 1. A hypodense lesion in the right lobe of the prostate (arrow).

Prostatic abscess is an uncommon but potentially lethal condition with a mortality rate as high as 30% without effective antimicrobial treatment [1]. Perineal or transrectal ultrasound-guided or endoscopic drainage is reported to be an excellent treatment adjunct to antibiotics [2]. The etiologic pathogens of prostatic abscess have changed from Gram-positive microorganisms associated with complications of ineffectively treated gonorrhea to Gram-negative bacilli associated with urinary obstruction. The predisposing factors are diabetes mellitus, bladder outlet obstruction, prior urologic endoscopic procedures and bladder catheterization [3].

The symptoms are variable, and most commonly are associated with lower urinary tract infection, such as dysuria, frequency, and urgency [3]. Other common presentations include fever, urinary retention, and severe perineal pain. Recently, Baker et al [4] reported a case of prostate abscess-related methicillin-resistant *Staphylococcus aureus* in an intravenous drug abuser. Delay in diagnosis can cause serious complications, such as rupture of the abscess into the ischioanal fossa or into the perivesicle space, which is associated with mortality. This case report reinforces the necessity for urologists to be alert when evaluating a patient with severe LUTS and a suspected prostatic abscess even when the patient is afebrile. In summary, prostatic abscess is an uncommon but relatively serious infectious disease that may cause morbidities if not diagnosed at an early stage and treated appropriately. Computed tomography scan may help in establishing this difficult diagnosis earlier. Appropriate use of antibiotics with adequate drainage is most effective.

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