PRIMARY TUBERCULOUS PROSTATITIS IN AN 85 YEAR OLD MALE (A Case Report)

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Abstract

An 85 year old male presented at Bugando Medical centre with history and physical examination suggestive of prostatic carcinoma. The diagnosis of benign enlargement of the prostate was made based on sonography and PSA level. TURP was done and the prostate chips were sent for histology. Histology showed caseous necrosis and few epithelioid granulomas and langerhan's giant cells. Ziehl-Neelsen stain was positive for acid fast bacilli. The diagnosis of tuberculous prostatitis was made with no other foci of infection. Chest x ray, spine x rays and sonography of kidneys were normal.

Key words: Prostate, tuberculous

Introduction

Tuberculosis of the prostate is rarely reported; clinically it is difficult to suspect or to make a diagnosis [1]. On digital rectal examination it can presents as hard nodules which makes suspicious of carcinoma[3]. Histological section as well can be difficult as there is little tendency for the formation of typical tubercles. Tranrectal ultrasonography has proved to be useful in the diagnosis of this condition where it can detect hypochoeic lesions.[4] Such lesions are also seen in carcinoma of the prostate. Therefore tuberculosis of the prostate is one of differential diagnosis in patient suspected to have carcinoma of the prostate.[6]

This report presents an 85 years old man who was admitted in the department of surgery at Bugando Medical center with a history and physical examination suggestive of prostatic carcinoma which was later diagnosed as tuberculous prostatitis.

Case presentation

An 85-year old man was admitted to surgical ward at Bugando Medical Center. He had history of difficult in passing urine for one year; there was no history of fever or cough. On physical examination there were unremarkable findings in all systems. Digital rectal examination there was enlarged prostate with suspicious nodules. Full blood count was within normal except for hemoglobin of 111g/l, low MCH and MCHC. Serum creatinine was 80mmol/L(Cobas Integra 400), and HIV test was non reactive (Vironostica HIV Uni-Form II plus O).Prostate-specific antigen (PSA) was 4.1ng/ml. Trans-abdominal ultrasound showed enlarged prostate (67gm). Conclusion of benign prostatic enlargement was made. Trans-urethra resection of the prostate was done and the tissue was sent for histology. Histology showed caseous necrosis and few epithelioid granulomas and langerhan's giant cells (See figure 1 and 2). Ziehl-Neelsen stain was positive for acid fast bacilli.

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The diagnosis of tuberculous prostatitis was made. Chest x ray, spine x rays and sonography of kidneys were normal. The patient was started on anti-mycobacterial drugs and discharged. Follow up in outpatient clinic the patient was doing well one month after surgery. He was discharged from the clinic to continue with ant-mycobacterial drugs at peripheral hospital.

Discussion

Tuberculous prostatitis is a rare diagnosis.(1) In most cases clinical findings are non specific.(2) Most of the time diagnosis is incidental findings in specimens of transurethral prostate resection. The prostate is said to be the male genital organ commonly involved by tuberculosis. Early diagnosis of the lesion is difficult to detect on palpation unless the disease is advanced [3]. In digital rectal examination the indurated or hard nodules can be detected, these usually raise the suspicious of carcinoma as in this case. Such suspicions have been made in other cases as well.(4)

Tuberculosis can spread to the prostate from the kidney through urinary tract or hematogenously. Also TB prostatitis can be due to lymphatic or direct extension from adjacent foci. In this patient there was no evidence of infection anywhere. Sexual transmission of mycobacterium has been reported although it is very rare [5]. In few cases the use of BCG in the treatment of bladder cancer has been associated with granulomatous prostatitis(8) There was no such history in this case. In this case no foci of infection which was established, so this could present primary tuberculous prostatitis.(9)

Trans-rectal ultrasonography and guided biopsy of the prostate has been reported to be effective in diagnosis of tuberculous prostatitis by detecting the hypoechoic lesions.(6, 7) In this patient the lesion was not detected because the sonography was done trans-abdominal. Trans-rectal sonography for the prostate is not routinely done in our center. Non specific granulomatous prostatitis can cause enlarged gland which is stony hard, this makes also suspicious for carcinoma. In this case this was ruled out as there was caseous necrosis, few granulomas and positive ZN for acid fast bacilli.

Conclusion

The surgeons should be aware of this condition when dealing with the prostate with hard nodules suspicious of carcinoma. Trans-rectal sonography for the suspicious prostate should be advocated routinely.

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