

Tuberculosis of the prostate

Introduction

Tuberculosis of the prostate is a rare condition. Most cases are diagnosed following surgical resection or a prostatic biopsy (Rafique et al, 2001).

The authors present a case of a tuberculosis of the prostate, reiterating the importance of accurate diagnosis, as it can mimic carcinoma of the prostate.

Discussion

First described in 1937 by Wildbolz, tuberculosis of the prostate is a rare condition which can occur even in healthy, young males (Grose and Belshe, 1985; Kostakopoulous et al, 1998). The kidneys

and prostate gland are the commonest genitourinary structures to be involved (Kostakopoulous et al, 1998). This occurs by a multitude of routes: descending infection, direct extension, haematogenous spread and lymphatic spread as well as via the urethra (Fujikawa et al, 1999). Most are asymptomatic or some present with lower urinary tract symptoms.

On digital rectal examination, the prostate may feel normal or similar to advanced prostatic carcinoma. Blood and urine analysis may be normal (Kostakopoulous et al, 1998). Ultrasound of the prostate may demonstrate hypoechoic areas that mimic carcinoma (*Figure 1*).

Prostatic biopsy is essential to differentiate between carcinoma of the prostate and tuberculosis of the prostate as it is difficult to do so clinically (Grose and Belshe, 1985). Anti-tubercular chemotherapy is increasingly used to treat tuberculosis of the prostate. Surgery is indicated if there is no response to chemotherapy after 3–4 months or if there is a large caseating abscess as well as signs of obstructive uropathy (Grose and Belshe, 1985). Primary focus of infection must be actively sought and this may involve other medical specialties.

With the rise in immigrant populations and immunodeficient diseases, tuberculosis is on the increase in the western world (Grose and Belshe, 1985). Screening all close contacts of the patient is an important part of the management as it helps identify asymptomatic cases (Lee et al, 2001). Since tuberculosis of the prostate is a rare condition, urologists must be aware of this amenable condition, as it might be the first indication of tuberculosis in a patient.

Conclusions

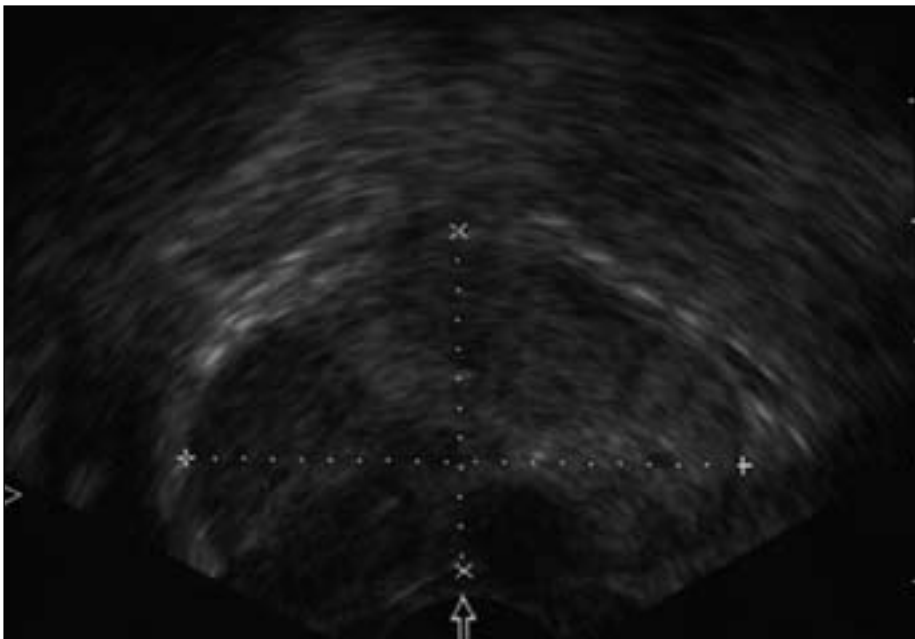
Tuberculosis of the prostate, although rare, can mimic carcinoma of the prostate and may be the first presentation of tuberculosis. Contact tracing is vital. **BJHM**

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Figure 1. Ultrasound of the prostate demonstrating hypoechoic areas.



Case Report

A 45-year-old man of South Asian origin was referred with urinary symptoms of urgency, dysuria and a feeling of incomplete bladder emptying and one episode of macroscopic haematuria. He had no other symptoms apart from an unexplained 2 stone (12.6 kg) weight loss with occasional evening temperature rise. He had lived in the UK for the past 25 years and his mother had recently visited him from his home country.

A digital rectal examination demonstrated an enlarged non-tender right prostatic lobe with a craggy consistency. Prostatic specific antigen level was 2.6 ng/ml (normal level ≤ 2.5 ng/ml). Ultrasound of the renal tract and kidney, ureter and bladder imaging were normal. Flexible cystoscopy showed a diffusely red oedematous bladder and he underwent a transrectal ultrasound-guided prostate biopsy. Histological assessment showed chronic inflammation associated with multiple non-necrotizing epithelioid granulomas with acid-fast bacilli on Ziehl Nielsen staining. Culture of mid-stream urine demonstrated *Mycobacterium tuberculosis*.

The patient was subsequently referred to the respiratory physicians who diagnosed him with pulmonary tuberculosis and treated his condition with anti-tuberculous therapy.