

# Fungal prostatic abscess erupting through the penis

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**A** 38-year-old man presented with fevers, urinary frequency and a new diagnosis of diabetes mellitus. A tender, fluctuant swelling obliterated the dorsum of the penis. Computed tomography demonstrated a multi-loculated collection extending from the prostate through the bulb of the penis (*Figure 1*).

The patient underwent incision and drainage of the abscess which extended from the base of the penis to under the pubic symphysis. De-roofing of the prostatic abscess via transurethral resection was not possible because the prostatic urethra was completely obliterated. A suprapubic catheter was inserted. Cultures grew *Pichia kudriavzevii* (previously *Candida krusei*). The patient received variconazole for 6 weeks.

Fungal prostatic abscesses are extremely rare with only two cases of *P. kudriavzevii* prostate infections reported (Dorko et al,

2002). In severe cases, the abscess can rupture into the surrounding tissues including the perianal tissues (Bhagat et al, 2008) and ischio-rectal fossa (Kam et al, 2017). Computed tomography is important for diagnosis and prompt surgical drainage is required for successful recovery of the patient. **BJHM**

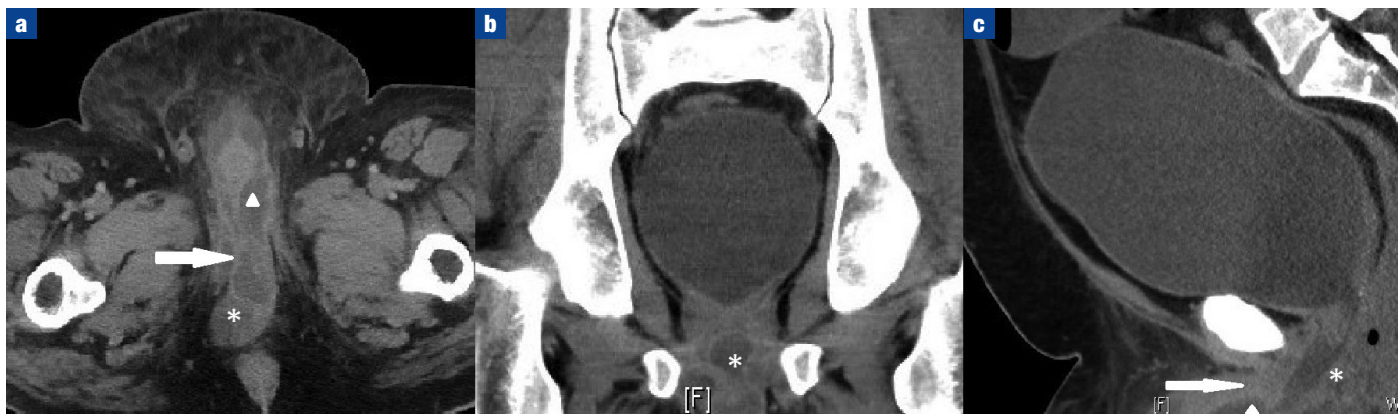
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**Figure 1. a.** Axial, **(b)** coronal and **(c)** sagittal computed tomography demonstrating a multi-loculated prostatic abscess (\*) erupting through the base of the penis (white arrow) to form a collection along the dorsal aspect of the penis (white arrowhead). The patient is also in urinary retention with a distended bladder.



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