

# Lung-related complications of transrectal prostate biopsy

**T**ransrectal ultrasound-guided prostate needle biopsy is used in the diagnosis of prostate cancer. (Kam et al, 2014).

A 57-year-old man who had undergone a transrectal ultrasound-guided prostate biopsy presented 2 days later with blood in his urine, and abdominal and chest pain. Computed tomography was performed. A lesion containing air densities was seen, extending superiorly from the base of the bladder. Pneumoperitoneum was observed, together with subcutaneous

emphysema in the left abdominal–thoracic walls. Fluid was observed in both pleural cavities, together with subpleural atelectasis, pneumomediastinum and pneumothorax (Figures 1 and 2). The patient was operated on because of his decreased haemoglobin level. During surgery, perforation of the floor of the bladder was seen and haematoma extending superiorly from the tissue adjacent to the bladder. Since the patient had respiratory distress, thoracic

computed tomography was performed for control purposes. This revealed that the pneumothorax in the left hemithorax had completely resolved.

The authors were unable to explain the mechanism involved in the development of the pneumothorax, pneumomediastinum, pneumoperitoneum and subcutaneous emphysema in this case. **BJHM**

Kam SC, Choi SM, Yoon S et al. Complications of transrectal ultrasound-guided prostate biopsy: impact of prebiopsy enema. *Korean J Urol.* 2014;55(11):732–736. <https://doi.org/10.4111/kju.2014.55.11.732>

**Dr Ozkan Ozen**, Assistant Professor, Department of Radiology, Alanya Education and Research Hospital, Alanya, Antalya, Turkey

**Dr Ebru Torun**, Assistant Professor, Department of Radiology, Alanya Education and Research Hospital, Alanya, Antalya, Turkey

**Dr Yavuz Yuksel**, Assistant Professor, Department of Radiology, Alanya Education and Research Hospital, Alanya, Antalya, Turkey

**Professor Tarkan Ergun**, Assistant Professor, Department of Radiology, Alanya Education and Research Hospital, Alanya, Antalya, Turkey

Correspondence to: Dr O Ozen ([ozkan.ozen@alanya.edu.tr](mailto:ozkan.ozen@alanya.edu.tr))

**Figure 1. Computed tomography image showing collapsed bladder (short white arrow), air-containing lesion adjacent to the right side of the bladder (haematoma, long white arrows), and pneumoperitoneum and subcutaneous emphysema (broken arrows).**



**Figure 2. Computed tomography image showing pneumomediastinum (white arrows) and pneumothorax on the left (broken arrow).**

