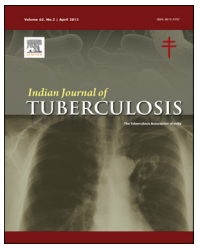
Available online at www.sciencedirect.com

ScienceDirect

journal homepage: http://www.journals.elsevier.com/indian-journal-of-tuberculosis/



Case Report

Tubercular prostate abscess in an immunocompetent patient

G. Vithiya [a,*], T. Rajendran [a], Mariappan [b], Hemant Kumar [c]

[a] Assistant Professor, Department of Microbiology, Velammal Medical College and Research Institute, Anuppanadi, Madurai, India

[b] Assistant Professor, Department of Radiology, Velammal Medical College and Research Institute, Anuppanadi, Madurai, India

[c] Assistant Professor, Department of Respiratory Medicine, Velammal Medical College and Research Institute, Anuppanadi, Madurai, India

ARTICLE INFO

Article history:
Received 11 July 2014
Accepted 7 April 2015
Available online 10 June 2015

Keywords:
Prostate tuberculosis
Prostate abscess
Transrectal USG

ABSTRACT

Prostate tuberculosis is an infrequent manifestation of genitourinary tuberculosis Complications like prostate abscess, perineal fistula, sinus can occur in immunocompromised individuals. Various predisposing factors like diabetes, bladder outlet obstruction, chronic renal failure can lead to prostate abscess. TRUS (Transrectal USG) is one of the tools useful for the diagnosis of prostatic abscess. We present our case, 57 year man, ethanolic with features of chronic liver disease and pulmonary tuberculosis which disseminated to prostate, developed abscess presenting as pyrexia of unknown origin.

1. Introduction

In India, the incidence of tuberculosis is 2.2 million/year.[1] Extra-pulmonary tuberculosis (E.P.T.B.) comprises 20–25 % total burden of the disease in which genito-urinary tuberculosis (G.U.T.B.) is 4%. The primary organ affected in the urinary tract is kidney. In the male genital tract, primary site of infection is epididymis followed by seminal vesicle, prostate, vas deferens and testis.[2] Many cases of prostate tuberculosis have been reported in the literature. Route of infection may be either hematogenous or descending. In most of the cases, primary focus of infection may not be demonstrated. In immunocompetent individuals, GUTB occurs 8–39 years after pulmonary tuberculosis.

Most frequent complication of prostate tuberculosis is infertility due to destruction of glandular tissue and reduction in the ejaculatory volume of semen. Less frequent complications are prostate abscess, perineal sinus, fistula especially in immunosuppressed individuals. Few cases of tubercular prostate abscess have been reported from India in immunocompromised and immunocompetent individuals (Table 1).

* *Corresponding author*. 4/437, Babu Nagar Main Road, Anuppanadi, Madurai, Tamil Nadu, India. Tel.: +91 9486312493, +91 (0) 452 2510000 (landline no).
E-mail address: vidhya.md@gmail.com (G. Vithiya).

http://dx.doi.org/10.1016/j.ijtb.2015.04.011
0019-5707/

Table 1 – Reports of tubercular prostate abscess from India.

Studies	Age	Symptoms	Clinical findings	Investigations	Primary focus	Immune status	Treatment
Santosh Kumar et al,2006[8]	52	Fever with chills, LUTS,[a] purulent discharge per urethra	Bilateral epididymoorchitis, boggy prostate, perianal abscess	USG: Hypoechoeic lesion in prostate Cystoscopy: Rectoprostatic fistula and high anal fistula	Pulmonary TB	Immunocompetent	After six weeks of ATT,[b] diverting colostomy, then ATT continued
Nirmal Kumar et al,2006[9]	30	45 days fever	Tender fluctuant nodule in left lobe of prostate	Microscopic hematuria TRUS-Hypoechoeic lesion in posterosuperior aspect of prostate. TRUS guided aspirate shows acid fast bacilli, culture positive for TB	Not found	Immunocompetent	Six months ATT
Suresh et al, 2008[5]	Two cases	–	–	One patient had tubercular abscess with pyocele and coexistent cryptococcal abscess	–	HIV reactive	
Sreejith et al, 2010[10]	30	2 months of fever, renal transplant 5 years back		CT abdomen: Multiple hypodense lesions in liver, spleen, renal allograft and prostate HRCT[c] Thorax-Lungs show military pattern FNAC liver: Acid fast bacilli seen Urine: Acid fast bacilli seen	Pulmonary TB	On immunosuppressives	ATT
Smitha Chandra et al, 2009[11]	–	Fever		Multiple prostate abscess TRUS biopsy-TB	–	Immunocompetent	

[a] LUTS-Lower urinary tract symptoms.
[b] ATT-Antituberculous treatment.
[c] HRCT-High Resolution Computed Tomography.