



Images In Medicine

Prostatic Abscess

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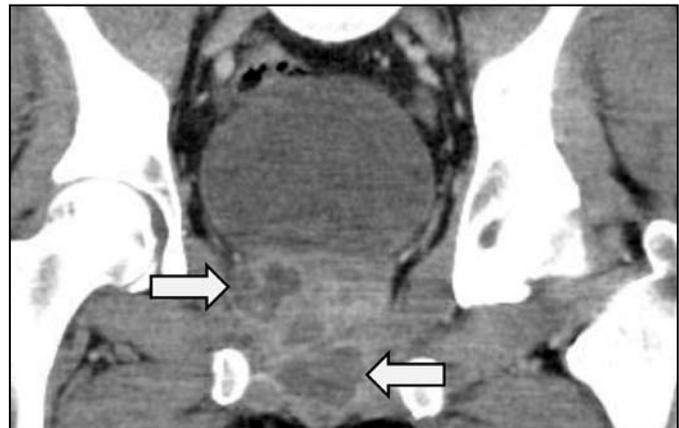
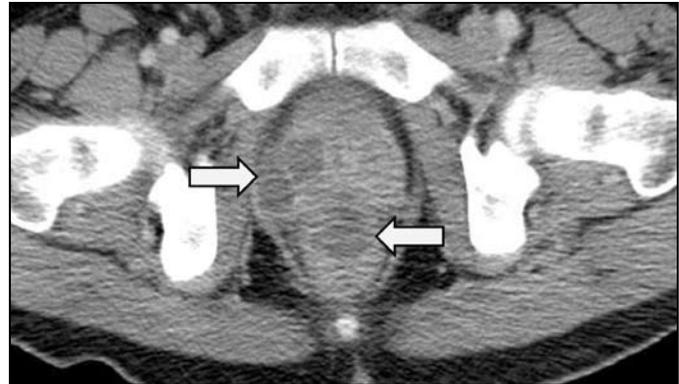
A 44 year-old man presented to the Emergency room with abdominal cramping pain, fever, and diarrhea. He had an unremarkable medical and surgical history. The patient denied smoking, alcohol abuse, and illicit drug use, is married, and works as an accountant. His physical exam was remarkable for a fever to 102.7 °F, tachycardia, and a tender anterior rectal wall and boggy prostate on digital rectal exam. His **white blood cell count (WBC)** was 19,000/mcL and **urine analysis (UA)** was negative for leukocyte esterase, nitrites, blood, bacteria, WBC or **red blood cells (RBCs)**. A **computed tomography (CT)** of the abdomen and pelvis was performed and revealed multiple low attenuation densities involving the right lobe of the prostate gland as well as the right peri-prostatic and infra prostatic regions extending into the base of the penis. He was diagnosed with a prostatic abscess, placed on **intravenous (IV)** antibiotics, and taken to the operating room for a cystoscopy, suprapubic tube insertion, and transurethral resection of a prostatic abscess. Examination under anesthesia revealed only a boggy prostate. Blood cultures and urine cultures were remarkable for methicillin sensitive staphylococcus aureus. Post-operatively, the patient was noted to have elevated blood sugar levels and was diagnosed with untreated diabetes and placed on insulin per medicine consultation. Infectious Disease consultation was obtained. He was found to be HIV, gonorrhea, chlamydia, and **rapid plasma reagin (RPR)** negative and with a negative echocardiogram. He was treated with IV cefazolin for two weeks.

We present this case as prostatic abscesses are uncommon in the modern antibiotic era. In addition, prostatic abscess symptoms can be confused with rectal symptoms and careful attention to physical exam and CT imaging should help clinicians properly diagnose this uncommon illness. Rectal examination in a systematic fashion may more precisely identify the cause of the patient's symptoms.¹ Currently, prostatic abscess is diagnosed in only 0.2% of patients with urological symptoms and in 0.5 to 2.5% of those hospitalized for these symptoms. Risk factors cited are diabetes and immunosuppression. The most common pathogens are E coli and staphylococcus.² Typically these abscesses are treated with IV antibiotics and one of three modalities of drainage—percutaneous drainage (typically CT guided), transrectal ultrasound guided drainage, or transurethral drainage by cystoscopic unroofing of overlying prostate.

REFERENCES

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2. Barozzi L, Pavlica P, Menchi I, et al., Prostatic abscess: diagnosis and treatment. *AJR Am J Roentgenol* 1998 Mar;170(3):753-7.

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Axial (upper) and coronal (lower) CT images with arrows depicting prostatic abscess fluid loculations.

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Disclosure of Financial Interests

Sammy Elsamra, MD, and/or their spouse/significant other has no financial interests to disclose.

Patrick Kelty, MD, is on the Speakers Bureau for Pfizer.

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