

PROSTATIC ABSCESS

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INTRODUCTION

Prostatic abscesses develop secondary to prostatitis or surgical manipulation, e.g. transurethral resection of the prostate or cystoscopy. Prostatitis is an inflammatory condition of the prostate that can affect men of all ages following puberty. Most cases of primary prostatitis involve the peripheral prostate, except following surgical manipulation. Thus, abscesses can develop peripherally or centrally. Abscesses will generally be anechoic or hypoechoic with relatively sharp margins and good sound transmission, suggesting the predominantly fluid nature of the collection. Because much of the fluid may be complicated (i.e. purulent material), echoes within the mass may be seen and the walls may be thick.¹

CASE REPORT

A young man of 35 years came with fever and abdominal pain. Ultrasound scan (3.7 MHz) showed a 23.1 mm echo-free area in the prostate gland (Fig. 1). The patient was diagnosed as a case of prostatic abscess, and was improved after 500 mg single daily dose of levofloxacin for three days.

DISCUSSION

Prostatitis is a clinical diagnosis; imaging is irrelevant.² In prostatic abscess a transrectal sonogram, needle aspiration and drainage may be needed, however, in the case presented here, transabdominal ultrasound was enough to make a correct diagnosis and the patient was cured by conservative management

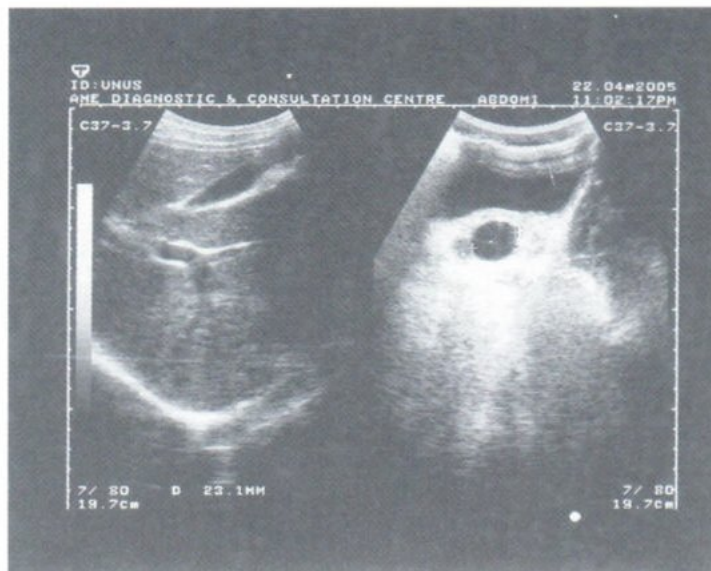


Fig.1 Prostatic abscess.

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