Original Article

Cases of retrovesical ectopic prostat tissue

Vikas Neerajakshulu[*], Siva Sai Bharadwaja[**], Mohanchandra Suvarna[***]

{[*] Resident, Department of General Surgery} {[**]Resident, [***]Professor, Department of Urology} Father Muller Medical College and Hospital, Mangalore, Karnataka, INDIA.
Email: nvikasnaidu@gmail.com

Abstract

We are reporting two cases of ectopic prostate tissue in two individuals. Patients, who were previously healthy, presented with voiding difficulty from 1 month. Their past medical history was noncontributory. Relevant investigations were done, CT reported a retrovesical prostate. Transrectal prostatic biopsy of the prostate was done which was suggestive of benign prostatic hyperplasia. Surgical excision was undertaken, and entire retrovesical mass was removed.
Keywords: Ectopic prostate, Retrovesical space, Benign prostatic hyperplasia.

[*]**Address for Correspondence:**
Dr. Vikas Neerajakshulu, surgery resident, Department of General Surgery, Father Muller Medical College, Mangalore, Karnataka, INDIA.
Email: nvikasnaidu@gmail.com
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INTRODUCTION

Prostatic tissue in its ectopic appearance is relatively uncommon entity in the lower male genitourinary tract[1]. Only hand full of cases of ectopic prostatic tissue situated in the retrovesical space has been published up to date[24].

We report two cases of benign ectopic prostatic tissue, which are retrovesically situated.

CASE 1

Patient who was previously healthy, 67 years who presented with voiding difficulty from 1 month. His past history was noncontributory. On palpation of the abdomen, there was 4x 3cm, hard and immobile mass palpable at the lower abdomen and suprapubic region. A Digital rectal examination revealed a firm grade 2 prostatomegaly. The patient's prostate specific antigen level was 3.23. CECT imaging demonstrated retrovesical mass around 4x3x5cm. The radiological impression was that of prostate. Transrectal prostatic biopsy of the prostate was done which was suggestive of benign prostatic hyperplasia. Surgical excision was undertaken, and entire retrovesical mass was removed.

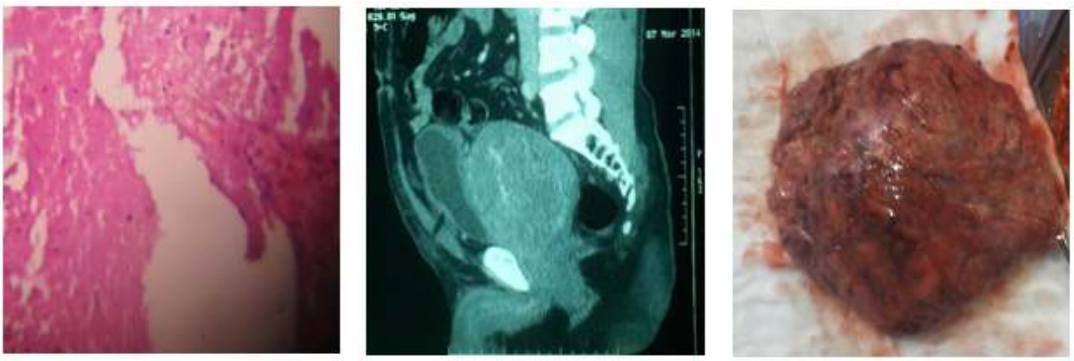

Figure 1:

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CASE 2

72 year old male presented with frequency, urgency for the past three months. Patient was a known hypertensive on medications (tab. Amlong 5mg 1-0-0) with blood pressure under within normal limits. A digital rectal examination revealed a firm grade 3 prostate gland. Transrectal ultrasonography prostate measuring 90cc. CECT demonstrated retrovesical mass measuring approximately 5x 4x 3 cms. Transrectal ultrasound guided biopsy was done which showed benign prostatic hyperplasia. Surgical excision was undertaken, and entire retrovesical mass was removed.

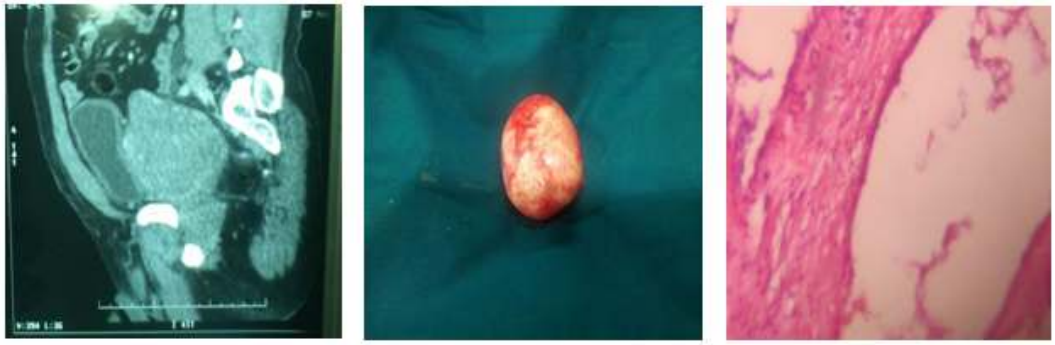

Figure 2:

DISCUSSION

In the genitourinary tract ectopic prostate is a very rare entity[5]. In literature ectopic prostatic tissue mostly found in the urethra[6] and urinary bladder[7], it has also been reported to be present in the testis[8], epididymis[9], seminal vesicle[5], cervix, and vagina[10]. In English medical literature, till date only a handful cases of ectopic prostate have Been reported[2-4]. There is no clear cut literature about the source of the prostate tissue, however many theories have been put forth to shed light upon this phenomenon, such as misplacement and migration of prostatic tissue, embryonic remnants which are persistent, and chronic inflammation due to metaplastic change[11,12]. The migrated and isolated prostatic embryonic tissue seemed to be the interpenetrating outside the urinary tract (aberrant prostatic tissue)[3]. The immunohistochemical and histological characteristics between the ectopic and normal prostate is indistinguishable, and more likely representing the persistent embryonic structures[1]. It is a hard task to preoperatively diagnose the ectopic prostatic tissue in the retrovesical space. The cases which were reported previously were all post operatively diagnosed. Only in 3 cases transrectal ultrasound guided biopsy was done[4,12]. It is fair enough to say that in clinical practice, any retrovesical lesion found in man a differential diagnosis should consist of ectopic prostate, abcess of the prostate, cyst of the prostatic utricle, large ectopic uretrocele, seminal vesical cyst or empyema of the seminal vesicle[13]

CONCLUSION

Most men with a retrovesical mass present with variable clinical symptoms. A combination of clinical signs (infection), and findings on digital rectal examination and ultra sound allow reliable diagnosis of cystic retrovesical lesions in most cases. The origin of a cystic lesion can be determined depending on whether the location is medial or lateral to the bladder neck. The possible association with congenital disorders of the upper urogenital tract warrants further diagnostic procedures. CT and MRI depict the location of retrovesical mass, and involvement of neighboring organs and lymph nodes. However, rare pelvic lesions require an individual diagnostic approach,including biopsy and exploratory laparotomy for histopathological examination.

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