Giant Benign Prostatic Hypertrophy in Indian Patient, a Rare Pathology: Case Report

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Abstract

The giant benign hypertrophy of the prostate is very rare pathology of prostate gland. We report such a case of giant prostatic hyperplasia diagnosed by ultrasonography. Giant BPH should be considered in one of the differential diagnosis of large solid masses of pelvic region in adult males.

Keywords: Giant BPH, prostate gland, ultrasonography.

Introduction

The giant benign hypertrophy is a major cause of outflow obstruction in elderly men. The prevalence of BPH increases with age, and 57% and 90% of men suffers from this pathology, by the age of 65 and 90 years respectively¹. Giant benign prostatic hyperplasia (GBPH) has been defined as benign prostate hyperplasia weighing more than 500g²,³. Some authors, however, consider it as a tumor weighing more than 200g⁴.

Case Report

A 65 years old man came in medicine opd with complaints of severe lower urinary tract symptoms since one year which were progressive in nature and characterized by poor urine stream, incontinence, urgency and suprapubic pain. Digital rectal examination showed a grossly enlarged prostate. The routine laboratory findings were normal. PSA level was within normal limit. Radiological study by transabdominal ultrasound was performed showing grossly enlarged prostate measuring 10.5x8.1x9.3cm in size and 412cc in volume with markedly enlarged median lobe protruding into the bladder. The post void residual urine volume was measuring about 120 cc. bladder wall appeared thickened, irregular and multiple internal echoes seen within the lumen of bladder, suggestive of cystitis. Bilateral kidneys appear normal. So in this case all finding related with giant prostatic hyperplasia. Surgery couldn’t be performed because patient denied from surgery. only medical conservative treatment advised.

Discussion

Benign prostatic hypertrophy is a common cause of lower urinary tract obstruction in elderly men. Giant benign prostatic hypertrophy is a extremely rare pathology of gland. Giant benign prostatic hyperplasia is defined as a prostate weighing more than 500g²,³, even though some authors use 200g⁴. Patients mainly present with obstructive urinary with or without extra-urinary symptoms, which are secondary to compression of neighboring structures due to over growth of prostate gland⁵,⁶. Benign prostatic hyperplasia is easily diagnosed by some none invasive diagnostic modality eg. Ultrasound, CT scan and MRI, but they doesn’t provide definitive information regarding origin of tumor⁵,⁷. Ultrasound is the first line investigation after P/R examination. The prostate volume is typically increases in BPH. The formula for calculating prostatic volume is ((A x B x C)/2). The volume of prostate exceeding 30cc is considered significant. In BPH central zone of prostate is enlarged. On USG prostate appear hypoechoic or mixed echogenicity with or without foci of Calcification. Post void residual urine volume is typically elevated. In our case giant prostate gland was seen on pelvic USG. BPH should not ignore lightly because untreated benign prostatic hypertrophy may lead to³: recurrent infection, haematuria, urinary retention, bilateral, hydro-uretero nephrosis and eventual failure, bladder stones and bladder diverticula are also reported complications.

Giant BPH should be treated surgically by open prostatectomy.

Conclusion

Giant BPH” is a rarest and under recognized pathology of the prostate gland. It should be considered in the differential diagnosis of pelvic cavity tumors in men regardless of their age.

References


Figure-3
1,2,3 showing grossly enlarged prostate measuring 10.5x8.1x9.3cm in size and 412cc in volume with markedly enlarged median lobe protruding into the bladder.