

*Clinical case*

**Incidental discovery of prostate tuberculosis in Mali**

Tuberculose prostatique de découverte fortuite à propos d'un cas au Mali

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**Résumé**

La tuberculose prostatique isolée est rare, nous rapportons le cas d'un patient âgé de 62 ans qui avait consulté pour fistule uréthro-cutanée à la face dorsale de la verge associée à un syndrome obstructif du bas appareil urinaire.

Les différentes explorations cliniques, biologiques et morphologiques avaient fait suspecter un adénome de la prostate sans signe de malignité avéré. La résection trans-urétrale de la prostate était réalisée et l'histologie avait plutôt mis en évidence des lésions tuberculeuses. Nous suggérons que la tuberculose prostatique devrait être évoquée devant de tel tableau chez une personne âgée vivant en zone d'endémie.

Mots-clés : tuberculose prostatique, découverte fortuite, anatomie pathologie.

**Abstract**

Isolated prostatic tuberculosis is rare, we report the case of a 62-year-old patient who had consulted for urethrocutaneous fistula on the dorsal aspect of the penis associated with obstructive syndrome of the lower urinary tract.

The various clinical, biological and morphological explorations had led to the suspicion of a prostate adenoma without any proven signs of malignancy. Transurethral resection of the prostate was performed and histology had instead highlighted tuberculous lesions. We suggest that prostate tuberculosis should be considered in such a picture in an elderly person living in an endemic area.

Keywords: prostate tuberculosis, fortuitous discovery, anatomy, pathology.

**Introduction**

Prostatic tuberculosis is a rare condition in Western societies, but it remains more common in developing countries, can affect different parts of the urogenital system, including the prostate. The incidence of tuberculosis is currently increasing and increasing, due to the global endemic of HIV infection [1]. While urogenital tuberculosis (UGT) is common [1], isolated prostate involvement is rare, even in countries with a high TB endemic disease [2]. Its incidence is

estimated at 6.6% of TUGs according to Scoth of the Brady Urological Institute in Baltimore [2].

In this study, we report a case of incidental diagnosis of resection chips in a patient with no clinical data related to a tuberculosis infestation and to a notion of childhood BCG vaccination.

### **Clinical case**

Mr. T.M., 62 years old, married polygamous father of 07 children with a favorable socio-economic standard of living.

He consulted us for penile ulceration with urethrocutaneous fistula on the dorsal surface of the penis [image1] towards the base associated with symptoms of the lower urinary tract such as dysuria, pollakiuria.

In the history of ischemic stroke, the notion of BCG vaccination in childhood, surgery for upper prostatic adenoma whose consequences were punctuated by obstructive symptoms of the lower urinary tract to the type of complete retention of bladder urine motivated by the insertion of a suprapubic catheter after failure of a transurethral catheter.

Faced with these symptoms, several treatments were carried out without success, and given the persistence of the symptoms, he consulted us for treatment.

Our examination had found a good general condition, the presence of a catheter on the pubic floor ch18 (2 ways) bringing back clear urine, we noted the presence of a urethrocutaneous fistula allowing urine to flow, left testicular swelling suggestive of a cord cyst.

The TR regained a benign-looking prostatic hypertrophy.

The biology found a level of PSA 3 ng/dl, the ECBU was negative without leukocyturia or bacteriuria, the HIV serology was negative, chlamydia and mycoplasma serology positive.

Prostatic ultrasound revealed heterogeneous prostatic hypertrophy whose weight was estimated at 61g.

A urethroscopy performed found a urethra of normal caliber without mucosal abnormality with

irregular prostatic hypertrophy at the expense of the lateral lobes, the bladder mucosa had a normal appearance.

In view of this picture, a transurethral resection of the prostate (TURP) was proposed and performed. Histology ruled out the existence of any neoplastic formation and there were instead gigantocellular follicles with giant Langhan-type follicles and areas of caseous necrosis characteristic of caseofollicular prostatic tuberculosis.

A thoraco-abdomino-pelvic CT scan looking for a primary focus was negative.

The patient benefited from a twelve-month (12) anti-tuberculosis treatment with an intensive two-month phase combining four molecules (rifampicin, isoniazid, ethambutol and pyrazinamide) followed by a ten-month phase (10) combining two molecules (isoniazid and rifampicin).

After 1 month and a half of treatment, we note the beginning of healing of the wound plus closure of the urethrocutaneous fistula, for which the voiding trial was conclusive without fistula.

The follow-up at 12 months had found a completely healed lesion [image 2] without associated voiding disorders.



Image 1: profile view. Appearance of the lesion before treatment



Image 2: appearance of the lesion at one year of care

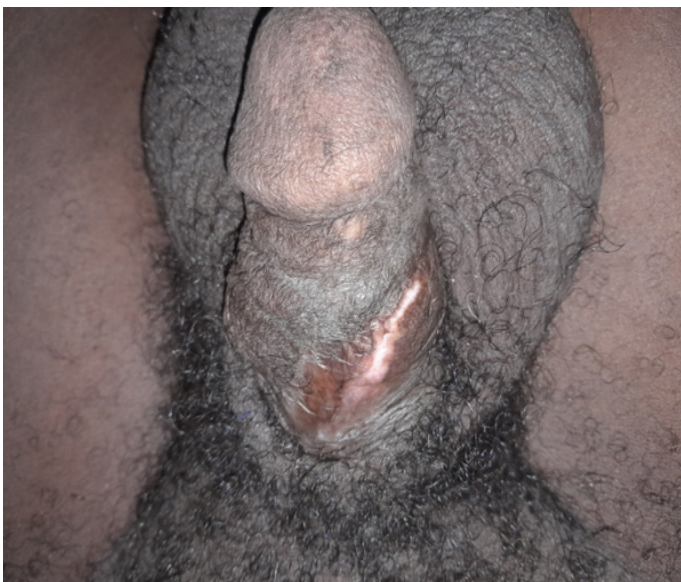


Image 3: Appearance of the lesion one year after treatment

## Discussion

Urogenital tuberculosis remains a public health problem in TB-endemic countries such as Mali. It represents one of the most frequent extrapulmonary localizations. The urinary form is little described, as was the case of Goita D et al [9] at the infectious disease department of the G-point University Hospital in 2016 where two cases of urinary localization were described.

The genital localization in this case the prostate

remains exceptional in our context

The localization of prostatic tuberculosis is rare [2,4]. Its first description dates from 1882 by Jasmin [2]. Its incidence is estimated at 6.6% of TUGs according to Scoth of the Brady Urological Institute in Baltimore [2]. Prostate involvement is often secondary to tuberculosis of the upper urinary tract or secondary to epididymal or bladder tuberculosis [2,4], which is different from our case.

Our diagnosis was made on the transurethral resection swaths in a 62-year-old patient with symptoms of the lower apparatus associated with a urethrocutaneous fistula comparable to the study of Benchekroun A et al in Rabat [2] but differs from the case of Madagascar where the histological discovery on the prostate biopsy material (3 times) or transurethral resection of the prostate [8].

Symptoms of the lower urinary tract were the most represented in addition to a non-suspicious rectal examination contrary to Madagascar case. Tuberculous serology by an enzyme-linked immunosorbent assay (Elisa) or by polymerase chain reaction (PCR) currently allows a rapid biological diagnosis of tuberculosis with a sensitivity of 80 and 95% respectively [2]. We used a trans-vesical ultrasound while endorectal ultrasound gives finer images and guides the biopsy [2].

## Conclusion

Prostatic tuberculosis is a rare but also atypical condition due to its clinical and radiological expression, which makes it a differential diagnosis with CP or BPH.

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