Malacoplakia of the Prostate

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(Accepted April 3, 1995)

Malacoplakia of the prostate is relatively rare in the literature. It occasionally simulates prostatic cancer as regards clinical and histopathological findings. We report a 58-year-old male with this disorder successfully treated with antibiotics. Peculiar histopathologic changes were demonstrated in the prostate with PAS and von Kossa's stains. We recommend caution and suspicion for prostatic malacoplakia to avoid unnecessary surgical intervention.

Introduction

Malacoplakia is a relatively rare granulomatous inflammatory disorder which predominantly affects the genitourinary system, principally the bladder. But it occurs uncommonly in the prostate gland. Only 30 cases of malacoplakia of the prostate have been reported [1, 2]. Prostatic malacoplakia is the condition that mimics carcinoma of the prostate as regards clinical and histopathological findings [1]. Subsequently, a high degree of suspicion for malacoplakia is required in diagnosing prostatic carcinoma. Herein we report a case of prostatic malacoplakia masquerading as prostatic carcinoma, and discuss the pathogenesis of this disorder.

Case report

A 58-year-old male presented with one-day history of weak urinary stream. His previous history revealed acute prostatitis at the age of 22 years. On admission, he had high fever, pyuria and urinary frequency. Chest and abdomen were physically normal. The penis, epididymides and testes were also normal, but the prostate was enlarged with a firm 5 mm induration at the bilateral base of the gland. Clinical impression was acute urinary tract infection superimposed on an infiltrative disorder of the prostate gland. Urinalysis revealed large numbers of leukocytes and bacilli, but urine culture showed no growth. The patient had leukocytosis (14,700/mm³). Serum total bilirubin, LDH and CRP were high at 3.0 mg/dl (normal range: 0.4–1.3 mg/ml), 476 IU (normal range: 206–400 IU) and 7.4 mg/dl (normal range: less than 0.3 mg/dl), respectively. His fever re-
Fig. 1. Retrograde urethrocystography shows enlarged prostate

Fig. 2a. Granulomatous inflammation. Histiocytes containing Michaelis–Gutmann bodies. H.E. ×400