

Giant Benign Prostatic Hyperplasia with Large Bladder Stones: A Case Report

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Abstract

The giant hyperplasia of the prostate is extremely rare pathology of prostate gland. Here, we report the successful removal of a giant BPH (312 g) with multiple bladder stones in a 75 years old man with severe LUTS (30 IPSS) by supra-pubic prostatectomy.

Keywords: Giant BPH; Prostatectomy; Bladder stone

Abbreviations: LUTS: Lower Urinary Tract Symptoms; IPSS: International Prostate Symptom Score

Introduction

Benign Prostatic Hyperplasia (BPH) often produces chronic and progressive lower urinary tract symptoms or complications as bladder stone, leading many men to seek treatment. Prostatic enlargement due to BPH rarely exceeds 100 g, which occurs in only 4% of men over 70 years of age [1]. Giant BPH is arbitrarily defined as specimens over 200 g [2] or 500 g [3]; the lower threshold was suggested by Japanese authors [2], probably because BPH is rare in their country. The largest adenoma ever removed by supra pubic prostatectomy weighed 820 g, but the patient died of hemorrhage [4]. We report a case with a 310 g benign prostatic hyperplasia with large bladder stones that was removed by supra-pubic prostatectomy in one piece successfully.

Case Representation and Management

A 75 years old man was hospitalized because of severe LUTS (30 IPSS) with frequent history of catheterizations for urine retentions. The routine laboratory findings were normal and rectal digital examination of the prostate was grossly enlarged. The total PSA levels were 12 ng/ml. The prostatic volume that measured at transrectal ultrasound by ($V = \pi/6 \times w \times l \times h$) was about 350 ml. Supra pubic prostatectomy was performed and the large adenoma was enucleated completely in one piece with 9 large stones (Figures 1 and 2). Blood loss was negligible and there were no operative complications. The removed specimen



Figure 1: KUB shows multiple bladder calculus stones.

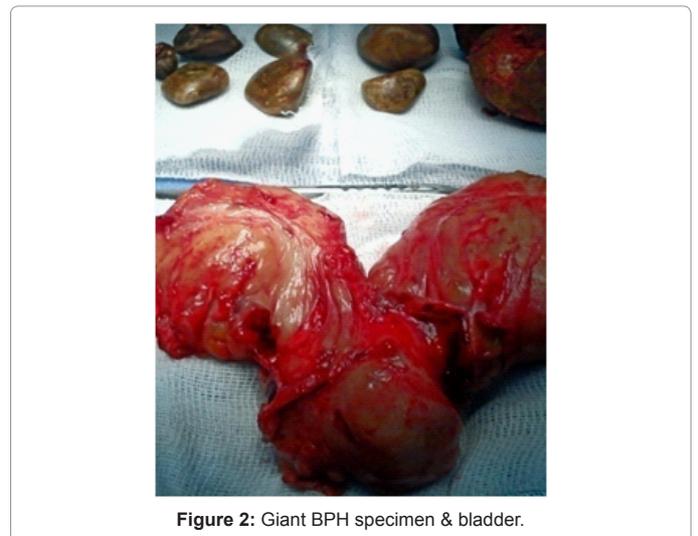


Figure 2: Giant BPH specimen & bladder.

was 15×10 cm in diameter and weighed 312 g. Pathologic examination revealed prostatic benign glands hyperplasia with systemic chronic inflammation. The Foley catheter was removed after one week, and the patient was able to void without difficulty. Between 3 to 6 months follow-up, the patient had comfortable urination without urinary incontinence.

Discussion

Benign Prostatic Hyperplasia (BPH) is a common problem experienced by aging men that can lead to serious outcomes, including acute urinary retention and bladder stone formations. Excessively large prostate hypertrophy weighing more than 200 g [3] or 500 g [5] is defined as giant prostatic hyperplasia. In Japanese literature, there were 33 cases that have been weighed more than 200 g [6]. The management of symptomatic BPH that has failed conservative therapy

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is usually Trans-urethral Resection of the Prostate (TURP). Although new minimally invasive techniques present an alternative to TURP for small-size prostates, the only validated alternative for large prostates (greater than 75 g) is the old classic open prostatectomy. Supra pubic prostatectomy is the enucleation of the hyper plastic prostatic adenoma through an extra peritoneal incision of the lower anterior bladder wall. This operation is ideally suited for patients who have a large median lobe protruding into the bladder, a concomitant, symptomatic bladder diverticulum or a large bladder calculus, although in recent reports prostatectomy has been done for giant BPH by laparoscopy and transurethral electro vaporization [3, 5-7]. We think that the large and multiple bladder stones in beside of giant BPH of our case have made it one of interesting and rare cases that reported before. We performed simple supra pubic prostatectomy and the prostatic adenoma was removed in one piece successfully with all bladder stones.

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