

Ectopic Prostate Originating from the Anterior Bladder Wall

Mesane Ön Duvarı Kaynaklı Ektopik Prostat

Sıtkı Ün¹, Ahmet Selçuk Dindar¹, Osman Köse¹, Alper Cihat Erdal¹, Fulya Çakalağaoğlu Ünal², Yüksel Yılmaz¹

¹İzmir Katip Çelebi University, Atatürk Training and Research Hospital, Clinic of Urology, İzmir, Türkiye

²İzmir Katip Çelebi University, Atatürk Training and Research Hospital, Clinic of Pathology, İzmir, Türkiye

Abstract

Ectopic prostate in the urinary bladder is quite rare. The presenting complaint may vary according to the location of the prostate tissue in the bladder. Patients usually present with hematuria, dysuria, bladder neck obstruction, kidney failure, and urinary tract infections. In this paper, we present a case of ectopic prostate arising from the anterior bladder wall.

Keywords: Ectopic prostate, bladder front wall, embryology

Öz

Mesane içinde prostat ektopisi nadir rastlanan bir durumdur. Başvuru nedenleri ektopik prostat dokusunun mesane içindeki yerine göre değişebilir. Genellikle hematüri, dizüri, mesane çıkım obstrüksiyonu, böbrek yetmezliği ve üriner sistem enfeksiyonu ile prezente olurlar. Biz bu çalışmada mesane ön duvarı kaynaklı ektopik prostat olgusunu sunuyoruz.

Anahtar Kelimeler: Ektopik prostat, mesane ön duvar, embriyoloji

Introduction

"Ectopia" or "Ectopy" refers to congenital displacement or abnormal positioning of an organ or body part. Ectopic prostate is a rare condition. The most common place for ectopic prostate has been reported to be posterior urethra (1). In the literature, there are other reported sites such as sacrum, bladder, uterus, cervix, vagina, testicles, seminal vesicles and retrovesical area (2,3,4,5,6).

In this paper, we present a case of ectopic prostate arising from the anterior bladder wall.

Case Presentation

A 75-year-old male patient presented to our clinic with the complaint of macroscopic hematuria for the past 3 days. Physical examination was unremarkable. Digital rectal examination revealed grade 1 benign prostatic hyperplasia. Liver and kidney function tests were normal. Total prostate-specific antigen (PSA) level was 2 ng/dL.

Ultrasonography showed bladder wall thickening.

Abdominal computed tomography depicted advanced bladder wall thickening and soft tissue density which produced mass-like images (Figure 1).

The patient underwent cystoscopy under local anesthesia with an initial diagnosis of bladder tumor.

Two wide-based, polypoid, solid and hyperemic masses were resected from the anterior bladder wall. The bigger mass had a diameter of 3 cm.

Immunohistochemical examination showed prostatic-type polyp and ectopic prostate tissue (Figure 2).

The patient was given detailed approval for use in scientific publication.

Discussion

The generally accepted opinion on the mechanism of ectopia in the medicine community is that it is a congenital condition

Correspondence: Sıtkı Ün MD, İzmir Katip Çelebi University, Atatürk Training and Research Hospital, Clinic of Urology, İzmir, Türkiye

Phone: +90 232 243 43 43 **E-mail:** sitki@doctor.com **ORCID-ID:** orcid.org/0000-0003-1477-7497

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Figure 1. Ectopic prostate originating from front wall of the bladder-radiological view

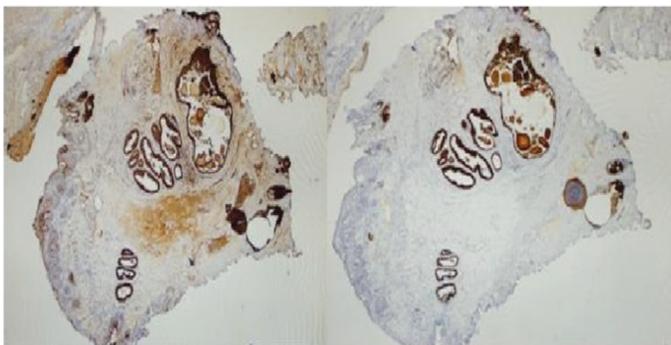


Figure 2. Ectopic prostate originating from front wall of the bladder-histopathological view

which develops during embryonic development stage. The bladder and urethra are derived from the primitive urogenital sinus. This formation continues with the prostate in the 3rd month. Abnormal migration of prostate cells with differentiation abilities can cause ectopia in rare cases (1).

The definite diagnosis is made following histopathological examination of the mass. Prostatic glands are stained easily using prostate acid-phosphatase and PSA (2).

Ectopic prostate within the bladder is quite rare (4).

The main complaint can be various due to different placement of the prostate tissue within the bladder. The patients usually present with hematuria, dysuria, bladder neck obstruction, kidney failure and urinary tract infections (2).

The masses within the bladder can be seen either as a flat or polypoid structure. Flat masses are usually observed around the bladder neck whereas polypoid masses are mainly located on the bladder wall (7).

Although there is a reported case of malignant transformation in the literature, recurrence following surgery has not been reported (1).

Ethics

Informed Consent: Consent form was filled out by the participant.

Peer-review: Externally peer-reviewed.

Authorship Contributions

Surgical and Medical Practices: S.Ü., A.S.D., Concept: S.Ü., A.S.D., Design: S.Ü., O.K., Data Collection or Processing: S.Ü., A.C.E., Analysis or Interpretation: S.Ü., F.Ç.Ü., Literature Search: S.Ü., Y.Y., Writing: S.Ü.

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