

Primary Non-Hodgkins Lymphoma of the prostate presenting as haematuria

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ABSTRACT

We report a rare case of Primary Non-Hodgkins lymphoma of prostate presenting as an emergency with gross haematuria. A review of literature is also discussed.

A 71 year old man presented to Emergency department with gross haematuria and was found to have grossly enlarged right lobe of the prostate on digital rectal examination. Histology confirmed a diffuse large B-cell lymphoma of the prostate. CT scan revealed a para-aortic lymphadenopathy which resolved with chemotherapy followed by radiotherapy. The patient remains disease free more than 5 years after initial diagnosis.

The treatment and prognosis of primary lymphoma of prostate is same as with other nodal lymphomas. Primary or secondary lymphoma of the prostate should also be considered in patients presenting with haematuria. Cystoscopy and prostate biopsies should be taken to confirm the diagnosis. Treatment with chemo-radiotherapy can provide lasting benefit.

INTRODUCTION

We report a rare case of Primary lymphoma of prostate gland in a 72 year old man, presenting as gross haematuria in the emergency department. During the literature search, we found only one citation for haematuria as a presenting complaint in patients with lymphoma of prostate. We could not find any case report of patient presenting with macroscopic haematuria in the emergency department and subsequently found to have prostatic lymphoma.

Prostatic lymphoma comprises 0.1% of all prostate neoplasms and represents 0.2 - 0.8% as extra nodal lymphoma.

CASE REPORT

A 71 year old Caucasian presented to Emergency department with gross haematuria of 4 hours duration. He also complained of right groin tenderness lasting 1 week. He was catheterised in the emergency department using a size 22Fr 3-way catheter draining 550 mls of urine mixed with blood.

His past medical history included hypertension and appendicectomy. He was an ex-smoker

and rarely had alcohol.

On examination his abdomen was soft and non tender, with no inguinal or incisional hernia. Rectal examination revealed a grossly enlarged right lobe of prostate.

His blood tests showed a normal full blood count, liver and renal function tests. His sodium was mildly elevated and corrected with fluid resuscitation. The serum Prostate-specific Antigen was 0.7 ng/ml (Normal