Symptomatic Prostatic Calculi – A Rare Complication After TURP

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Summary

A patient who was troubled by the persistent passage of prostatic calculi following transurethral prostatectomy is reported. The pathogenesis of these calculi is postulated.

Key Words: Symptomatic prostatic calculi

Case Report

A 59-year-old male was referred for symptoms of poor stream, frequency and terminal dribbling of one year's duration. Rectally he was found to have a moderately enlarged prostate gland, firm in consistency with normal rectal mucosa overlying it. His flow rate was obstructive in nature with a peak flow of 10ml/s, and intravenous urogram revealed normal upper tracts with a large volume of residual urine. A small amount of prostatic calcification was noted on the control film. He underwent a transurethral prostatectomy (TURP) in May 1991 and recovered uneventfully. Fifteen grams of prostatic tissue were resected and the histology proved benign. He however continued to be troubled by dysuria and started passing tiny calculi per urethra 6 months following the TURP. Urine cultures revealed mixed growth and he received several courses of antibiotics without improvement. A plain X-ray revealed calcification within the prostate gland but no other abnormalities.

Because of his persistent symptoms, he underwent a cystoscopy 12 months later. He was found to have numerous brownish calculi sitting in the prostatic bed like "eggs in a nest". The calculi were removed with the aid of a resectoscope loop and the superficial prostate was resected (Fig. 1). His symptoms improved following this procedure and he stopped passing calculi.

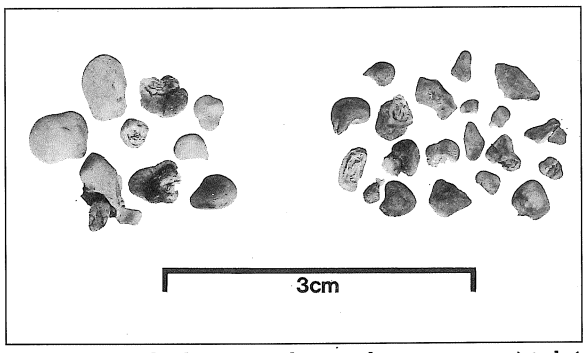

Fig 1: Calculi passed out by patient (right) and those removed at cystoscopy (left)

Discussion

Prostatic calculi are common and are found in up to 40% of men who present with bladder outflow obstruction secondary to prostatic enlargement[1]. Apart from being a cause of recurrent urinary tract infections in association with chronic prostatitis[2], they are usually of no significance. In fact they aid the endoscopic surgeon during TURP by defining the limits of resection of the adenoma[3]. This complication involving the persistent passage of prostatic calculi following TURP has not been previously reported in the literature. Although calculi are often exposed during a TURP, patients usually do not complain of passing

stones following discharge. A possible mechanism for the repeated formation of stones in our patient could be dystrophic calcification on the surface of the resected prostate.

References

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Chilaiditi's Syndrome Presenting as Acute Abdomen

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Summary

A case of Chilaiditi's syndrome in a middle-aged man presenting as acute abdomen is reported.

Key Words: Chilaiditi's syndrome, Small bowel volvulus, Intestinal obstruction, Acute abdomen

Introduction

Hepatodiaphragmatic interposition of the intestine is a rare anomaly with a reported general incidence of 0.02 and 0.22 per cent[1]. It was first described by Beclere in 1899. Nevertheless this clinical entity has been named after Chilaiditi after he reported 3 patients in 1911[2].

Chilaiditi's syndrome is often believed to be of no clinical significance and is generally an asymptomatic condition. However, over the recent years, several studies have addressed the potential source of various abdominal problems which may inevitably require surgical intervention[1,3].

We report a case of Chilaiditi's syndrome presenting as acute abdomen in a middle-aged man.

Case Report

A 48-year-old Malay man was admitted with one week