

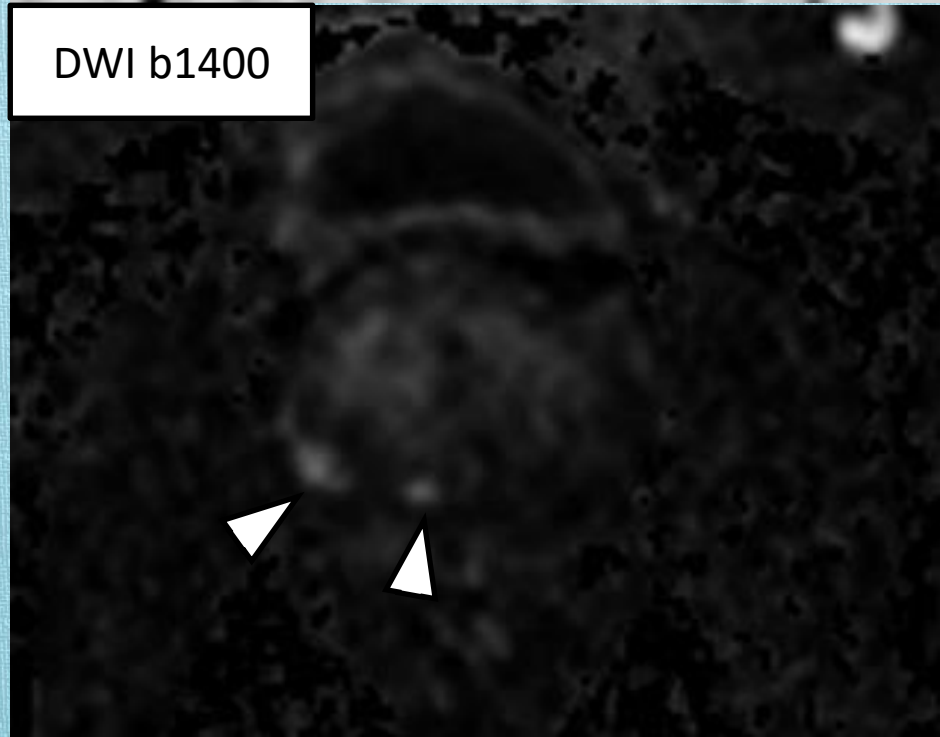
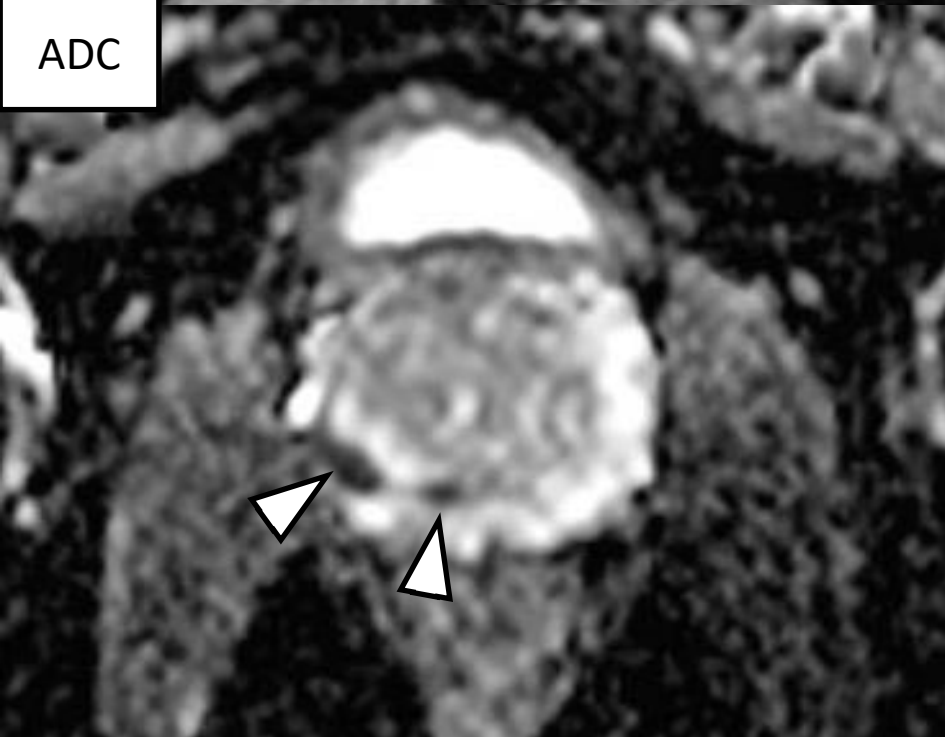
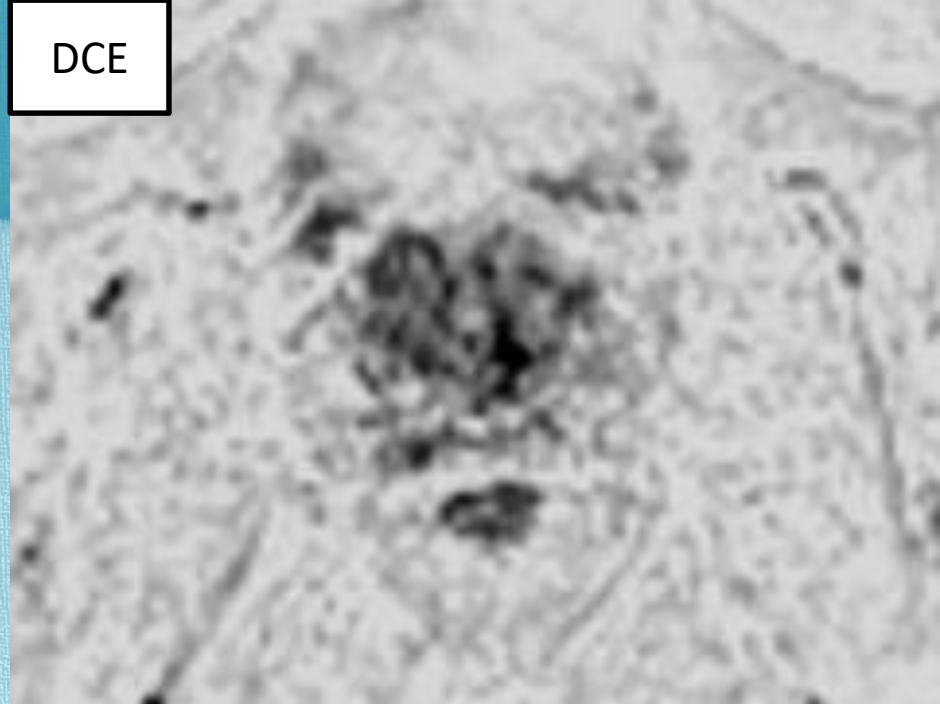
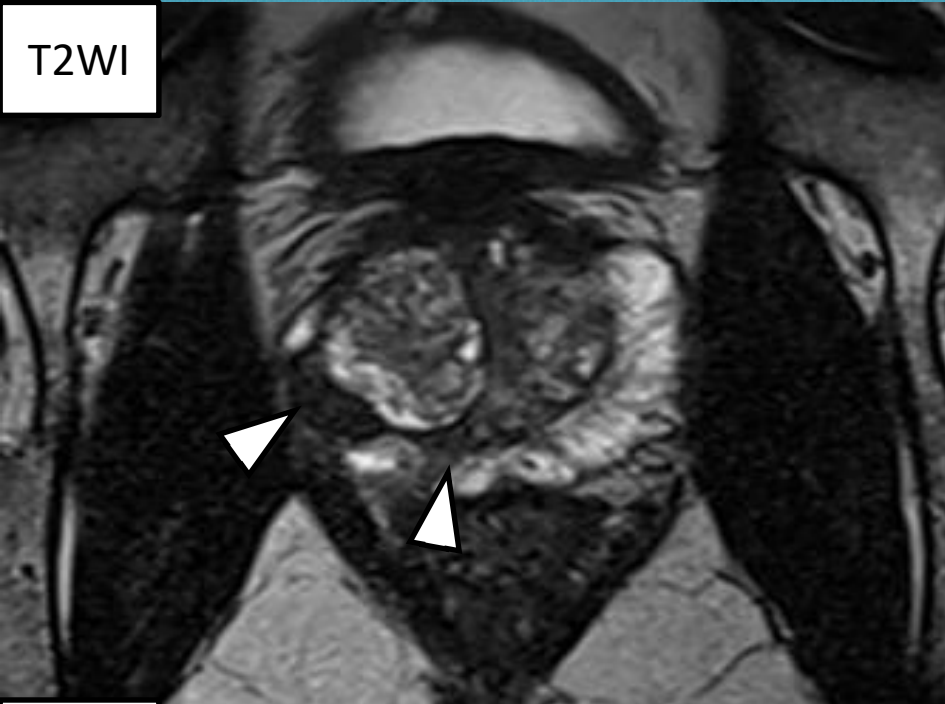
Granulomatous prostatitis

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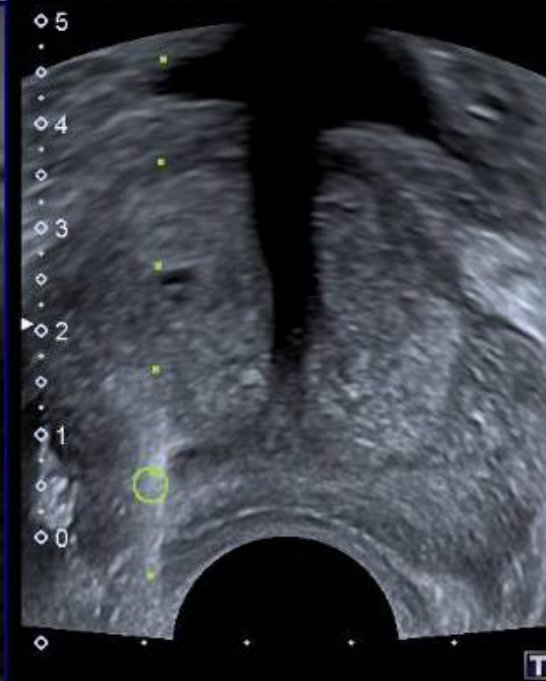
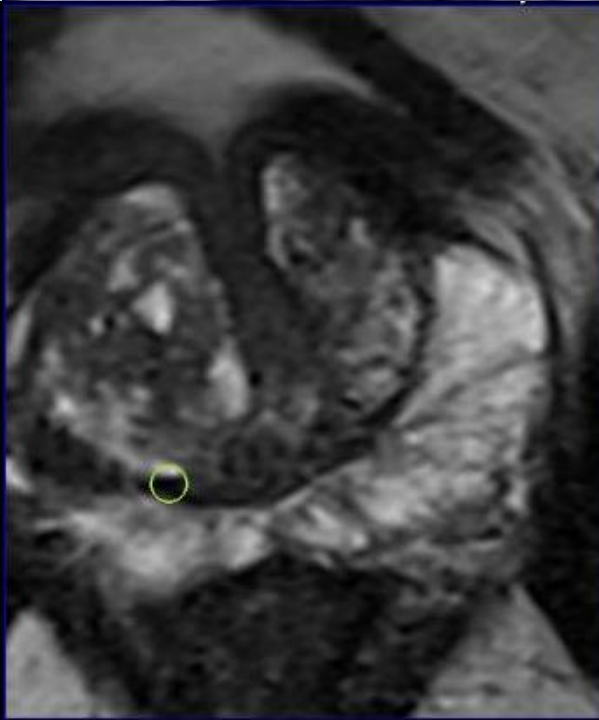
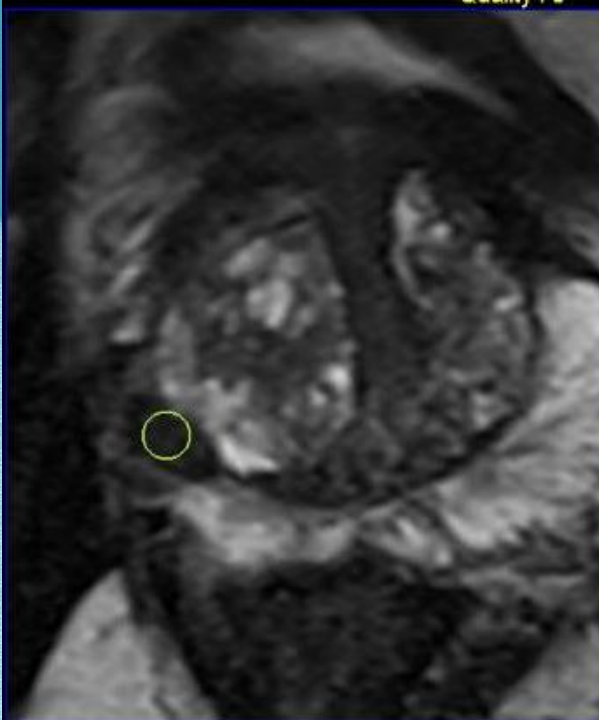
Case Report

- 63 y.o. male
- PSA = 3.1 ng/mL
- Biopsy-naive
- Negative DRE
- History of TURBT + intravesical BCG for superficial bladder cancer 1 year before.



Imaging Findings

- Oval-shaped well-defined T2 hypointense focal lesions on the posterior and posterolateral right midgland, on the interface between the peripheral and transition zones (i.e., 'surgical capsule').
- The lesions are hypointense on the ADC map, and hyperintense on high b-value DWI.
- There is no contrast-enhancement on DCE.
- PI-RADS scores = 4
- Patient was referred for MR-TRUS fusion biopsies. However, the history of intravesical BCG prompted suspicion of granulomatous prostatitis among differential diagnoses.



On hystopathology, diagnosis was confirmed as granulomatous prostatitis on both lesions.

Teaching points

- Suspect granulomatous prostatitis when:
 - Previous intravesical BCG therapy for bladder cancer (most common)
 - History of tuberculosis
 - Previous intervention (TURP)
 - Immunosuppression
- In this case: Intravesical BCG + focal suspicious lesions on mpMRI + relatively low PSA levels
- DCE may also be negative ('cold abscesses').
- In most cases, diagnosis still depends on histopathology.

References

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