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Ultrasound Guided Needle Aspiration as Possible Treatment for Abscess of the Prostate

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Dear Editor,

I read the article "Treatment of prostatic abscess: Role of transrectal ultrasound guided needle aspiration" by Yadav *et al.* with interest (1). The alternative treatment of Yadav *et al.* seems interesting and remains a good possibility for patients without septic disease. Aspiration of the abscess is short and more comfortable than drainage for several hours. In the presented cases of Yadav *et al.*, this treatment was enough, however, I think this treatment is not necessary for all the severe cases.

Transrectal ultrasound guided prostate needle biopsies are routinely performed to diagnose and stage prostate cancer. Biopsies of the prostate have been used to diagnose prostate cancer since the beginning of the last century. Astraldi was the first who surgically opened prostatic abscesses by rectal route with excellent results (2). Since 1937, as he started to perform biopsy of prostate as the most effective means of diagnosing prostate cancer, transrectal ultrasound guided needle biopsy of the prostate is still considered a simple and accurate method to obtain prostatic tissue for histological evaluation (3). Transrectal ultrasound guided prostate needle biopsy is safe for diagnosing prostate cancer. Positive microbiology in urine before biopsy is no risk factor for a higher infection rate (4).

Acute bacterial prostatitis is a common and clinically important genitourinary disorder. Patient populations who are at especially high risk of acute prostatitis include those with diabetes, cirrhosis, and suppressed immune systems. The cause is usually an ascending infection; however, bacteria can also be introduced during transrectal prostate biopsy. Clinical presentation ranges from mild lower urinary tract symptoms to full sepsis. The causative organisms are usually similar to those that cause other common genitourinary infections, and include Escherichia coli and Enterococcus spp. Oral or intravenous antibiotics are usually effective for curing the infection and progression to chronic bacterial prostatitis is, therefore, uncommon. Immunosuppressed patients require special consideration, as bacterial prostatitis in these patients can be caused by atypical infecting organisms and might, therefore, require additional therapies. A lack of response to standard therapy can lead to complications such as a prostatic abscess or fistula (5).

Although abscess of the prostate has become increasingly rare due to modern antibiotics and a decreasing incidence of gonococcal infections, it is still difficult to diagnose the disorder on clinical grounds. Diagnosis is

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often made after Ultrasound examination (6).

As it is known, the incidence of prostatic abscess is 0.5% in relation to all prostate pathologies and usually occurs in patients with diabetes or with some degree of immunosuppression. After review of the literature it is common to perform a treatment with antibiotics (i.e. meropenem) before puncturing the abscess transperineally under TRUS guidance. Placing a small nephrostomy tube for at least 48 hours could be helpful. TRUS-guided transperineal drainage is a safe, adequate and effective treatment for prostate abscess, and allows the placement of drainage for several hours thereby avoiding the communication between the abscessed cavity and the urethra or rectum (7, 8).

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