

Prostatic abscess

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In addition to the foregoing symptoms and signs, the advent of a prostatic abscess is heralded by the temperature rising steeply with rigors. Antibiotics disguise these features. Severe, unremitting perineal and rectal pain with occasional tenesmus often cause the condition to be confused with an anorectal abscess. Nevertheless, if a rectal examination is performed, the prostate will be felt to be enlarged, hot, extremely tender and perhaps fluctuant. TRUS or MRI may aid diagnosis. Retention of urine is likely to occur and, in such men, suprapubic catheterisation is best. Treatment The abscess should be drained without delay by transurethral resection (unroofing the whole cavity) or using a needle via the transrectal or perineal route. Injectable antibiotics such as aminoglycoside or a third-generation cephalosporin is often required for a week.

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