Benign Prostatic Hyperplasia (BPH) refers to the nonmalignant growth or hyperplasia of prostate tissue and is a common cause of lower urinary tract symptoms in men [1]. Its management is essentially medical. Surgery is performed after failure of medical treatment or in case of complicated BPH. We report the case of a huge median lobe occupying almost the entire bladder lumen. This is the case of a 79-year-old patient, a non-smoker, who had a history of terminal macroscopic hematuria. The patient presented with lower urinary tract symptoms in the last 2 years, treated first by medicine with poor response. On digital rectal examination, the enlarged prostate was homogeneous and regular, exceeding 60 g. The biological workup was unremarkable except for a total PSA level of 16 ng/ml.

A first abdominopelvic CT scan objectified a vesico-prostatic mass, hence the realization of a diagnostic cystoscopy.

The resectoscope that we had at our disposal could not penetrate the bladder despite a 50 g resection of the median lobe.

We decided to do a second abdominopelvic CT scan, which showed a voluminous prostate estimated at 363 g with a huge median lobe. Transversal prostatic adenomectomy is indicated Figure 1.

References