

AB178. IgG4 prostatitis—a rare cause of rapidly progressive lower urinary tract symptoms

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Background: IgG4 related prostatitis is very rare manifestation of IgG4-related disease. The first case of IgG4 prostatitis was reported in 2006. The largest case series identifies 6 cases. Most cases have been seen in the context IgG4 related disease affecting other organs most commonly the pancreas and is often an incidental histological diagnosis. Isolated IgG4-related prostatitis is a rare occurrence and disease-causing functional impairment more so.

Methods: We present a rare case of isolated IgG4 prostatitis presenting with rapidly progressive lower urinary tract symptoms leading to urethral stricture. The diagnosis was made following recurrence of symptoms following prostatic resection and re-examination of histology for IgG4. The disease process leads to extensive inflammation of the prostate resulting in obliteration of the prostatic urethra and the need for urinary diversion.

Results: A 68-year-old fit and healthy farmer presents to the urology service with rapidly progression lower urinary

tract symptoms, perineal pain and urethral discharge. This was investigated with a cystoscopy under general anaesthetic which revealed a normal urethra and bladder but an abnormal prostate gland with necrotic appearing prostatic tissue distorting the anatomy. Resection tissue revealed extensive inflammation and necrosis which was subsequently confirmed as IgG4 related disease. Treatment was commenced with oral steroids and Rituximab leading to remission in symptoms. Subsequent investigation with antegrade and retrograde urethrograms demonstrated significant structuring of the posterior urethra secondary to the disease process.

Conclusions: IgG4 related disease is a recently described inflammatory disease which can affect multiple organs. Its manifestation in the genitourinary system is rare but has been reported in the kidneys, ureters, prostate and testes. It represents an important consideration for urologists when met with diagnostic uncertainty. As seen in this case IgG4 related prostatitis can present with extensive inflammation leading to disruption of function. Early diagnosis is key as the management favours systemic anti-inflammatory treatment over a surgical approach.

Keywords: Urology; prostatitis; reconstructive urology; IgG4 related-disease

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