



Proximal Bulbar Periurethral Abscess

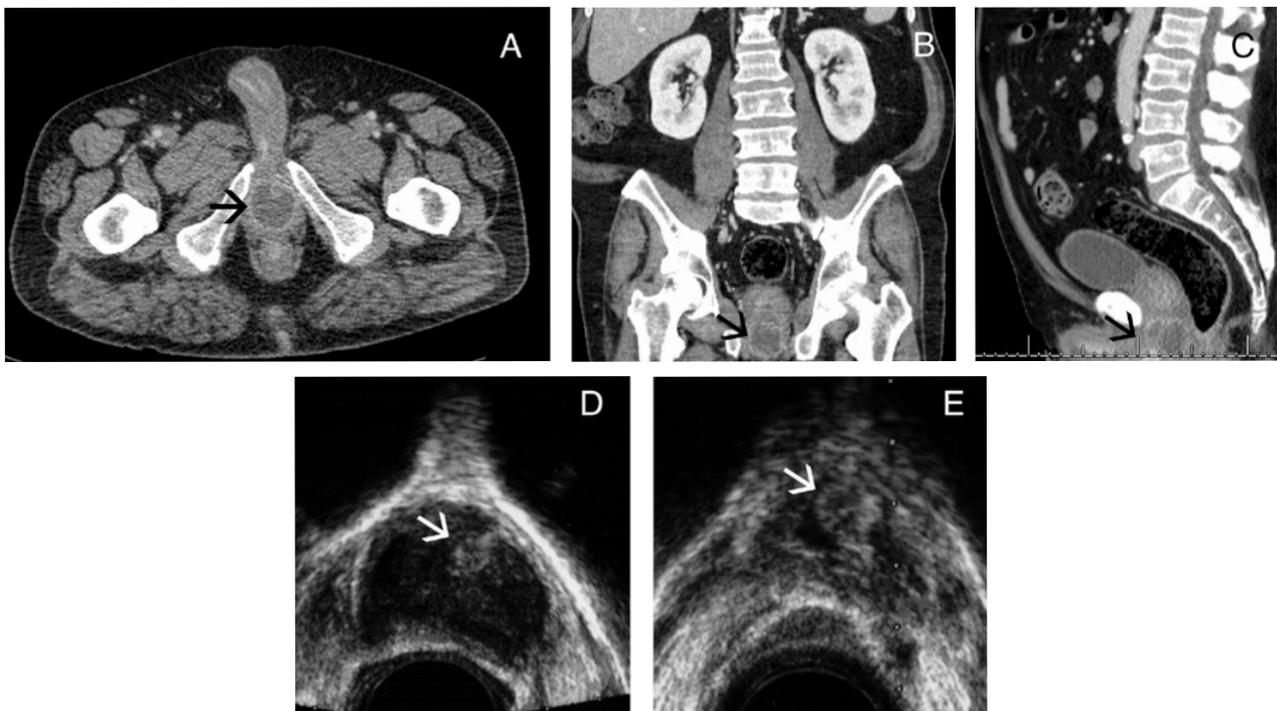
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A 67 year-old male with poorly controlled diabetes and persistent leukocytosis despite appropriate antibiotic treatment for pneumonia underwent computer-tomography (CT) scanning to evaluate for additional sources of infection. He was noted to have a 3.5 centimeter rim enhancing fluid collection at the level of his bulbar urethra (Figure-1, Panel A, B, C). Upon questioning, the patient recalled an aching testicular pain that had resolved one week prior. He

denied any difficulty voiding, and post-void residual measurements were zero. Digital rectal exam, penile, scrotal, and perineal examination were normal. Transrectal ultrasound demonstrated an abscess surrounding the bulbar urethra (Figure-1, Panel D). Transrectal ultrasound-guided needle aspiration was performed with return of 30 milliliters of frank pus and visible resolution of the abscess (Figure-1, Panel E). The patient had subsequent rapid clinical

Figure 1 - Panel A) Axial CT-scan of the pelvis demonstrating a rim-enhancing fluid collection (black arrow) at the level of the proximal bulbar urethra; Panel B) Coronal CT-scan showing the periurethral abscess (black arrow) adjacent to the prostate, which is distinct from the abscess; Panel C) Sagittal CT-scan showing the periurethral abscess (black arrow) adjacent to the prostate, which is distinct from the abscess; Panel D) Transrectal ultrasound demonstrating the proximal bulbar urethra (white arrow) within the abscess cavity prior to abscess drainage; Panel E) Transrectal ultrasound demonstrating the proximal bulbar urethra (white arrow) with resolution of the surrounding abscess cavity at the completion of needle aspiration.



improvement. Although the abscess fluid culture was negative, he completed a two-week antibiotic course per infectious disease recommendations. Recommended periurethral abscess antibiotic coverage is culture-specific or treatment with an aminoglycoside and cephalosporin (1). Periurethral abscesses have been associated with gono-

coccal urethritis infections, urethral strictures, periurethral bulking agent injections, and urethral diverticulum (1-3). Periurethral abscesses are treated with antibiotic coverage and surgical or needle-aspiration drainage depending on abscess location. Evaluation for and treatment of underlying causes of periurethral abscesses is warranted.

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