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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 improvement.
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 gonococcal 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.

REFERENCES


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