

## Letters to the Editor

### Iatrogenic prostatic granulomata

In recent years attention has been drawn to the occurrence of iatrogenic prostatic granulomata after transurethral resection of prostate.<sup>1-3</sup> We report three cases of iatrogenic granulomata caused by intravesical instillation of Bacillus Calmette-Guerin (BCG) for flat carcinoma in situ. Subsequently two of these patients had transurethral resection for chronic prostatism and one patient had a radical cystectomy with prostatectomy for invasive bladder carcinoma.

Histological examination showed caseating and non-caseating granulomata of varying size. These were composed of aggregates of epithelioid and foreign body giant cells with surrounding lymphocytes and plasma cells. The granulomata were found both in the suburothelial connective tissue and in intimate association with the prostatic ducts and acini (figure). Stains for acid fast bacilli were negative in all three cases.

The exact mechanism by which intravesical BCG causes granulomatous prostatitis is not understood. It may be a systemic effect of BCG, or a result of reflux of urine containing BCG into the prostatic ducts. BCG is being used with increasing frequency in the treatment of superficial bladder cancer.<sup>4,5</sup> Histopathologists must be aware that this treatment is a cause of granulomatous prostatitis when interpreting granulomata in the prostate.

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### References

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### Diverticular disease of the right colon

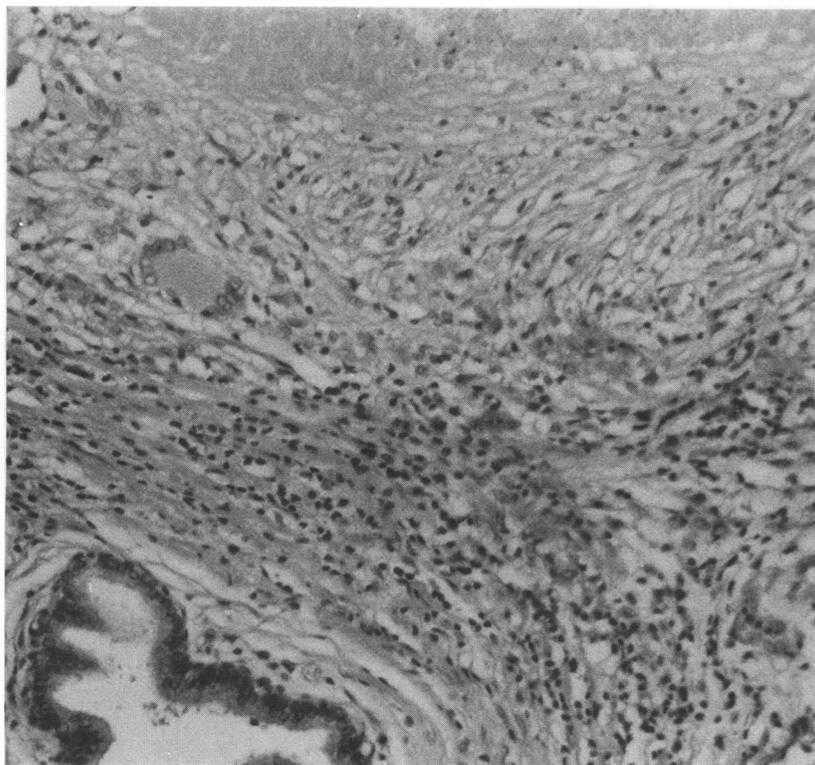
Diverticular disease of the left colon is a common condition, but diverticulosis confined to the right colon is rare. I report two cases of the latter that I saw in quick succession.

Both were white men who presented in the same way. The first was a 78 year old man who had profuse haemorrhage from the bowel. Diverticular disease of the right colon was diagnosed preoperatively and right hemicolectomy carried out. The second was a 57 year old man who presented with uncontrollable rectal haemorrhage for which a subtotal colectomy was eventually carried out. In this case the cause of the bleeding was not diagnosed preoperatively, but angiodysplasia was suggested.

In both resected specimens there were diverticula in the right colon. They were present throughout the hemicolectomy specimen, which measured about 30 cm and were found in the first 30 cm of the subtotal colectomy specimen. Compared with left sided disease, there were comparatively few diverticula in both specimens, and their openings were identified on the mucosal surface as small pits arranged in straight lines in the long axis of the bowel. In the subtotal colectomy specimen the mucosa surrounding the diverticular orifices was heaped up and small sessile polyps were also found. In contrast to left sided disease there was no muscle hypertrophy or exaggeration of the haustral pattern.

Removal of the serosal fat showed that the diverticula were thin walled sacs, some of which were extremely elongated and could be likened to mirror image polyps projecting from the smooth serosal surface (figure). As in left sided disease they were situated between the longitudinal muscle bands. Microscopic examination showed a continuous muscle coat that was attenuated in some of the diverticula. The small polyps found in the subtotal colectomy specimen were metaplastic.

The cause of the haemorrhage in the



**Figure** Caseating granuloma seen in the prostate after treatment with BCF (haematoxylin and eosin).