

Giant Benign Prostate Hyperplasia: A Case Report from Northern Nigeria

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ABSTRACT

Benign Prostatic Hyperplasia (BPH) is a common problem that affects the quality of life in approximately one third of men older than 50 years. BPH is histologically evident in up to 90% of men by age 85 years. Giant BPH is a very rare entity, which is defined as a prostate gland weight of over 500g. To the best of our knowledge, only three cases of a giant prostate has been reported in Nigeria. We report a case of a giant benign prostatic enlargement from an open simple transvesical prostatectomy in a 70-year-old man. He presented with a history of lower urinary tract symptoms, intractable haematuria and generalized body swelling. Transabdominal ultrasound scan revealed a markedly enlarged prostate measuring 540 ml. Prostate-specific antigen level was 147ng/ml. Had a successful transvesical simple prostatectomy for complete enucleation of the adenoma. Haematuria resolved post-operatively. Specimen weighed 527.8g. Histological examination showed prostatic fibromuscular hyperplasia.

Keyword: Benign prostatic hyperplasia, giant prostatic hyperplasia, prostatectomy.

OPEN ACCESS

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Specialty Section

Medicine section of NJU

Article Metrics

Submitted: 3 Jan 2026
Accepted: 4 March 2026
Published: Jan-June 2026

Journal Metrics

ISSN: p- 2971-7922, e- 2971-7868

Website: nju.org.ng

E-mail: nigerian.j.urology@gmail.com

Publisher: cPrint, Nig. Ltd

Email: cprintpublisher@gmail.com

Access to the article



How to cite this article

Gerald C. Eze, Mohammed S. Muhammad and Yakubu Y. Azekpil. Giant Benign Prostate Hyperplasia: A Case Report from Northern Nigeria. *Nig J Uro*, 2026;11(1). 127-130.

INTRODUCTION

BPH is a common problem that affects the quality of life in approximately one third of men older than 50 years¹. BPH is histologically evident in up to 90% of men by age 85 years. As many as 14 million men in the United States have symptoms of BPH².

Giant benign prostatic hyperplasia (GBPH) has been defined as benign prostate hyperplasia weighing more than 500g³. Up until 2020, the total number of GBPH reported worldwide in medical literature is < 30. To the best of our knowledge, only three cases of a GBPH have been reported in Nigeria^{4,5,6}.

CASE REPORT

A 70-year-old male presented at the Accident and Emergency Unit of Ibrahim Badamasi Babangida Specialist Hospital, Minna, Niger State, with complaints of Lower urinary tract symptoms of 3years duration and recurrent haematuria of 2years duration. There is associated progressive body weakness, early morning facial puffiness and lower limbs swelling. He also complaint of lower abdominal mass. He had easy urethral catheterization, but the gross haematuria persisted, necessitating referral to our centre. He was transfused with 3units of blood at the referring hospital prior to presentation.

General physical examination showed an elderly man, who was conscious but lethargic and pale. His pulse rate was 94 bpm with blood pressure of 140/100 mmHg, respiratory rate of 20cpm and oxygen saturation of 94% on room air. Abdominal examination revealed a non-tender huge suprapubic mass which measured 20cm above the pubic symphysis. The liver and spleen were not palpably enlarged and the kidneys were not ballotable. He had an indwelling size 16Fr urethral Foley catheter which was draining bloody urine. Digital rectal examination revealed a markedly enlarged prostate with benign features. An initial diagnosis n of bleeding BPH with symptomatic anaemia was made. The differential diagnoses were bladder cancer and prostate cancer.

Admitting Urea and Creatinine were 24.7mmo/L and 646μmol/L respectively, and he was co-managed with Nephrologist. Transabdominal ultrasound scan revealed a markedly enlarged prostate measuring 540 ml. Prostate-specific antigen level was 147ng/ml. He had a digitally guided prostatic biopsy which showed benign prostatic hyperplasia. The gross haematuria persisted necessitating an urgent open transvesical simple prostatectomy with complete enucleation of the adenoma. Intraoperative findings showed the median lobe of the prostate occupying the entire bladder cavity (Fig 1). Surgical specimen measured 18cm x 13cm (Fig 2 A & B) and weighed 527.8g.

Haematuria resolved post-operatively. Histological examination of the enucleated specimen showed prostatic fibromuscular hyperplasia.

DISCUSSION

BPH is a histologic diagnosis that refers to the proliferation of glandular epithelial tissue, smooth muscle, and connective tissue within the prostatic transition zone, hence the term “stromo-glandular hyperplasia⁷. BPH is nearly ubiquitous in the aging male with worldwide autopsy proven histological prevalence increases starting at age 40-45 years to reach 60% at age 60 and 80% at age 80⁸.

The onset of the enlargement is highly variable as well as the growth rate. The prostate gland may eventually cause obstruction at the level of the bladder neck, which in turn is termed benign prostatic obstruction (BPO). It is important to realize that not all men with BPH will develop obstruction or BPO⁹.

Giant benign prostatic hyperplasia is defined as a prostate weighing more than 500g³.

GBPH is an extremely rare entity. The first reported case was in 1908 by Freyer who removed an adenoma that weighed more than 500g⁴.

Surgical treatment of symptomatic BPH may be classified into three general types: 1. MIST (minimally invasive surgical therapy); 2. Simple

prostatectomy; and 3. Transurethral surgery. Transurethral resection of the prostate (TURP) involves removal of the obstructing adenomatous tissue via the transurethral route, it is the gold standard for removing prostate size of 30 to 80g. Open, laparoscopic, or robotic assisted prostatectomy are considered as treatment options for prostate size >80g⁹.

CONCLUSION

Giant benign prostatic hyperplasia is a rare entity. Open transvesical prostatectomy is a safe and effective method of treatment.

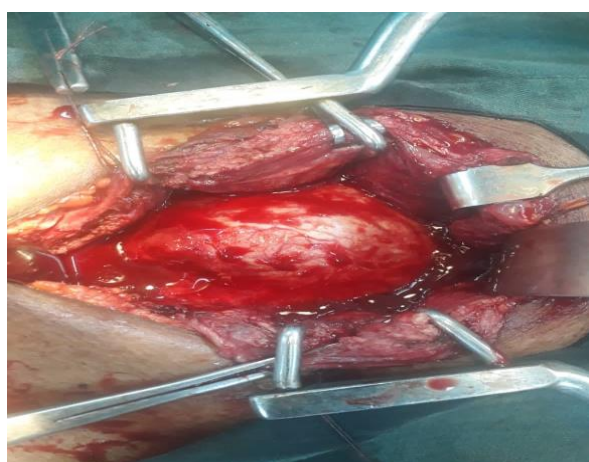


Fig 1. Intraoperative image showing the median lobe of the prostate occupying the entire bladder cavity

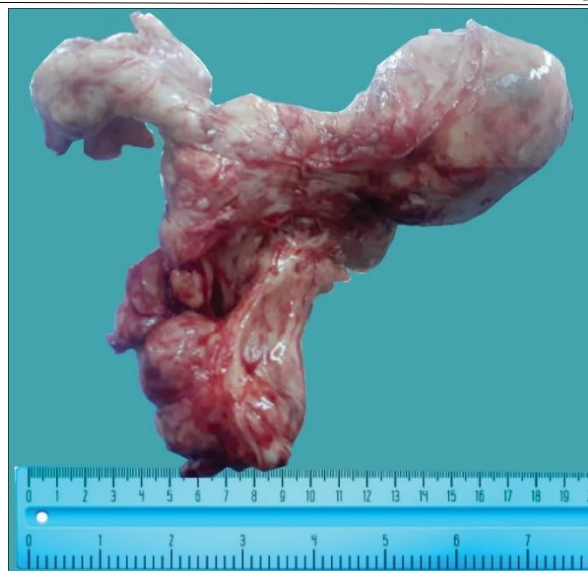


Fig 2. Showing completely enucleated prostate **A.** Right lobe **B.** left and median Lobe

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