Case report on Management and outcome of Prostatomegaly with Bilateral Hydronephrosis with diabetic Mellitus

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Abstract

Background: - Prostatomegaly is a term that refers to prostate gland enlargement due to a 30cc(ml), Benign prostatic hyperplasia (BPH), after recognizing an enlargement prostate gland, becomes more frequent in men as they become grown up. An enlarged prostate gland may cause briny symptoms such as preventing urine from leaving the bladder. They reason bladder, urethral, and kidney problems. The blockage of urine before the renal pelvis causes hydrenephrosis. The obstruction causes dilatation of the nephron tubules and flattering of the tube lining within the kidneys resulting in renal calyces enlargement. Acute or chronic hydrenephrosis can occur. Presentation of case: A 70- year male came to the hospital with chief complaints of repeated hypoglycemic attacks with a gasping state. He was intubated in casualty in an unconscious state. Physical examination and investigation were done and the doctor diagnose a case of Prostatomegaly with Bilateral Hydronephrosis with diabetes mellitus. After physical examination and investigation were done and doctor diagnose a case of Prostatomegaly with Bilateral Hydronephrosis with diabetes mellitus. Medical interventions provide to the patient such as Inj. Citri 1mg given in twice a day to reduce the infection, Inj. Pan 40 mg given twice a day, Inj. Emest 4 mg intravenously given in three times a day, Tab. Urimax was given in once a day, Tab. Amlo 5 mg given in once a day, Tab. Mucomix 600 is given twice a day. Tab. Neurobiol forte gave in stat. after receiving medical management patient’s outcome was good. Conclusion: - Early diagnosis and treatment are very important to secure the life of a patient and prevent further complications.

Keywords: Detrusor hypertrophy, Bilateral hydrenephrosis, Prostatic hyperplasia, Distal ureter blockage.

INTRODUCTION

Some of the sperm-carrying fluid produced during ejaculation comes from the gland of the prostate. The prostate gland surroundings the urethra, which is the tube via which Urine leaves the body. The prostate is enlarged as a result of the prostate gland growing larger. As men age, nearly all get enlarged prostates. An enlarged prostate is referred to medically as benign post-tumor hyperplasia (BPH). It isn't cancer, and having it doesn't make further likely to get a prostate. Although the exact origin of enlargement of the prostate is indefinite, age-related issues or alterations in the cells in the testicular may contribute to the growth and testosterone levels of the gland. Males who had their removed testicles as children do not get BPH (such as a testicular). In addition, the prostate shrinks when a man has his testicles removed after developing BPH. However, it is uncommon to treat enlarged prostate in this way. Facts about prostate enlargement include: The probability of rising a prostate enlargement rises with age, BPH is most mutual that if a man lives long enough, he will have an enlarged prostate, and many men over the age of 40 have only a slight enlargement of the prostate. Men over 80 years old who have the condition have a 90% mortality rate. There are no recognized risk factors other than having healthy testicles.¹ Hydrenephrosis is the medical term for the enlargement of the renal pelvis and calyceal system (HDN). A condition known as hydrenephrosis can be unilateral, bilateral, congenital, acquired, or non-obstructive. The prevalence of prenatal ultrasound screening, advanced USG technology, and increased expertise have all contributed to a closer understanding of fetal and infant hydrenephrosis. One percent of
pregnancies are expected to have urinary tract dilatation resolved, but only one-fifth of those are expected to have a major issue. The best technique to determine the etiology of HDN is to conduct an ultrasound of the kidneys, ureters, and urinary bladder. Hydronephrosis common causes obstructed pelvic ureteric junction (PUJ obstruction), Reflux vesicoureteric (VUR), the obstacle to a vesicoureteric junction, kind kidney polycystic, PUV Alves (posterior ureteric valves) (can be bilateral), megaureters that are obstructive or non-obstructive, ureterocele, bladder neurogenic, prone stomach syndrome, Atresia urethral.³Prostatic hyperplasia, the utmost mutual benign tumor in males (BPH). We now present A patient who had bilateral hydronephrosis and distal ureter blockage as a result of enlargement of the detrusor brought on by prostatic hyperplasia. We examined the pertinent published literature and analyzed the clinical data before reporting our findings.⁴Middle-aged to elderly castrated male ferrets are susceptible to a potentially fatal condition called prostate disease. Urolithiasis is no longer as common in male ferrets as prostatomegaly with secondary urethral blockage. While the exact mechanism of prostatic cyst formation is unknown, androgens frequently drive the growth of prostatic tissue, which can result in sterile or infected prostatic cysts. A tiny tube called the ureter transports urine from the renal pelvis to the bladder. Urine slowly fills the bladder and exits the body through the urethra, a small tube. When the outflow of urine is obstructed or pee already in the bladder flows back into the bladder (reflux), the renal pelvis expands, causing hydronephrosis.⁵ Men are more likely to develop diabetes mellitus (DM), a major health issue. Clinical signs show a favorable correlation between benign prostatic hyperplasia (BPH) and diabetes mellitus (DM). Men with diabetes have reduced levels of free testosterone in their blood. DM and the hazard of Ca prostate are inversely related. ⁶

**Presentation of case:**

A 70-year-old male came to the hospital with chief complaints of repeated hypoglycemic attacks with a gasping state. He was intubated in casualty in an unconscious state. Physical examination and investigation were done and the doctor diagnose a case of Prostamegaly with Bilateral Hydronephrosis with diabetes mellitus. After physical examination and investigation were done and doctor diagnose a case of Prostamegaly with Bilateral Hydronephrosis with diabetes mellitus. The medical intervention provides to the patient such as Inj. Citri 1mg given in twice a day to reduce the infection, Inj. Pan 40 mg given twice a day, Inj. Emset 4 mg intravenously given in three times a day, Tab. Urimax was given in once a day, Tab. Amlo 5 mg given in once a day. Tab. Mucomix 600 is given twice a day. Tab. Neurobion forte given in stat. after receiving medical management patient's outcome was good.

**Timeline:** Patient received in the hospital for the treatment of prostatomegaly with Bilateral Hydronephrosis. The doctor prescribed the drug Inj. Citri 1 gm intravenously, Inj. Pan 40 mg, Inj. Emset 4mg iv, Tab. Urimax, Tab. Amlo 5mg, Tab. Mucomix 600, Tab. Neurobion fort are given and calcium and multivitamin supplements had given for 7 days for improved function of the immune.

**Diagnostic criteria:** Based on the history of a client, head-to-foot examination and investigation such as complete blood tests count, kidney function tests, urine test, MRI, and complete CT scan performed. After diagnostic assessment doctor diagnoses a case of Prostomegaly with Bilateral Hydronephrosis with Diabetic Mellitus.

**Prognosis:** patients are not stable and their general condition is bad.

**Treatment regimen:** Medical intervention given to the patient such as Inj. Citri 1mg given in twice a day to reduce the infection, Inj. Pan 40 mg given twice a day, Inj. Emset 4 mg intravenously given in three times a day, Tab. Urimax was given in once a day, Tab. Amlo 5 mg given in once a day, Tab. Mucomix 600 is given twice a day. Tab. Neurobion forte was given in stat. after receiving medical management patient was stable and the condition was good.

**Discussion:**

A 70-year-old male client had admitted to the hospital with a chief complaint patient presented with repeated hypoglycemic attacks and was brought in a gasping state and was intubated. The patient received symptomatic treatment and the patient's prognosis was good1-20.
Bladder outlet obstruction is frequently brought on by BPH, which can also result in macroscopic haematuria. It is one of the most prevalent diseases that affect aging guys, and up to 60% of men with the disease have histology evidence of it at age 60. A prostate weighing more than 500 g is referred to as having GPH. Only nine cases of massive prostate enlargement over 700 g have been described in the current literature, and there are few cases of BPH with volumes more than 500 g. The prostate in our case is the fourth largest ever described in the literature. Uncertainty exists regarding the pathogenesis of GPH. According to theories, considerable prostate enlargement is caused by a combination of disrupted stromal–epithelial paracrine signaling, an imbalance in androgenic, cytokine, and peptide growth signaling, a decrease in apoptosis, and proliferation in stromal and epithelial cells. Particularly, down-regulation of the p53 suppressor gene and mutations of proto-oncogenes like Ras and c-erbB2 can cause aberrant and ongoing cellular proliferation. Operation is suggested for BPH clients who have significant UTIs that are resistant to treatment of medication, acute or chronic urine retention, frequent gross hematuria, UTI, renal insufficiency, or stones in the bladder. For small and medium-sized prostates, operating choices involve TURP, transurethral incision of the prostate (TUIP), and laser vaporization or enucleation procedures. The optimal course of action for this man would have been an open prostatectomy, but due to advanced phase and concomitant conditions, that was not possible. There is substantial proof that the patient will benefit from long-term combination therapy. There is insufficient data to conclude that the patient will benefit from stopping -blocker therapy after 9 to 12 months while continuing 5-reductase inhibitor therapy indefinitely. The patient starts treatment with a mix of 5-reductase inhibitors and -blockers. He claims that his symptoms and quality of life have significantly improved. Few cases of BPH with volumes over 500 g are recorded in the present literature, and only a small number of cases of gigantic prostate enlargement reach 700g. When patients with BPH experience complications from prostate enlargement, such as acute retention in the urinary, frequent gross hematuria, UTI, renal insufficiency, or stones in the bladder, and minor urinary tract indications that do not improve with medication, surgical intervention is indicated. For tiny and medium-sized prostates, there are various surgical alternatives, including endoscopic techniques. Big prostates or those with coexisting conditions such as stones in the bladder can both benefit from open prostatectomy21-35.

Conclusion: -
This is a relatively uncommon condition. Early diagnosis and treatment are very important to secure the life of a patient and prevent further complications.

REFERENCES

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