

Chronic Prostatitis Due to *Yersinia pseudotuberculosis*

Chronic bacterial prostatitis is commonly caused by *Escherichia coli* and is less frequently caused by *Klebsiella pneumoniae*, *Enterobacter*, *Proteus mirabilis*, and enterococci (6). Reported rare causes of prostatitis include *Candida* species, *Blastomyces dermatitidis*, *Histoplasma capsulatum*, *Mycobacterium tuberculosis*, and nontuberculous mycobacteria (8). We report the first case, to our knowledge, of chronic prostatitis due to *Yersinia pseudotuberculosis*.

A 55-year-old man had been suffering from recurrent urinary tract infections over the last 3 years. No prophylactic antibiotic treatment was administered. The pathogen was frequently *E. coli*, and in two cases it was *K. pneumoniae*. Findings from an intravenous pyelogram and abdominal ultrasound were unremarkable. In the last months preceding his referral to our center, he had three successive urinary tract infections due to *Y. pseudotuberculosis*.

Cultures of urethral urine, midstream urine, and prostatic secretions expressed by massage yielded heavy growth of *Y. pseudotuberculosis* from the last site and slight growth from the first two sites. Microscopic examination of the expressed prostatic secretions showed approximately 30 leukocytes per high-power field. Stool cultures did not grow *Yersinia* species. Prophylactic treatment with trimethoprim-sulfamethoxazole gave satisfactory results: the patient was free of symptoms, with negative urinary cultures.

The most common manifestation of *Y. pseudotuberculosis* infection in humans is mesenteric lymphadenitis accompanied by abdominal pain and fever (9). A septicemic form, occurring predominantly in patients with diabetes, hepatic cirrhosis, malignancy, and iron overload, has occasionally been described (5). Reported rare "atypical" manifestations of *Y. pseudotuberculosis* infection include interstitial nephritis (2), suppurative lymphadenitis (7), erythema nodosum, and nonsuppurative arthritis (1). To our knowledge, only one case of urinary tract

infection due to *Y. pseudotuberculosis* has been reported (3). Our case is the first reported case of prostatitis due to *Y. pseudotuberculosis*.

Epidemiologically, we could not identify any environmental risk factors that might be responsible for the patient's illness. Though several stool cultures did not yield *Yersinia* species, the feco-oral route is probably the main mode of acquisition, as with other enteric infections (4).

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Bisharat Naiel, M.D.
Raz Raul, M.D.
Infectious Diseases Unit
Ha'Emek Medical Center
Afula 18101, Israel