

**Table 1. Blood Count**

	1st Admission	2nd Admission		
		Day 1*	Day 32	Day 44
WBC ( $10^3/\mu\text{L}$ )	6.66	9.91	15.23	15.99
RBC ( $10^6/\mu\text{L}$ )	4.17	4.07	3.32	3.13
Hb (g/dL)	14.0	13.3	9.9	8.5
Hct (%)	41.5	39.2	30.3	28.0
MCV (fL)	99.6	96.2	91.2	89.3
MCH (pg)	33.6	32.7	29.8	27.2
MCHC (g/dL)	33.7	34.0	32.7	30.4
RDW (%)	12.6	15.2	14.9	16.1
Platelet ( $10^3/\mu\text{L}$ )	291	310	363	128
% Neutrophil	62.5	65.4	81.9	89.8
% Lymphocyte	17.6	21.4	9.9	4.6
% Monocyte	16.0	7.1	3.9	3.1
% Eosinophil	1.2	2.6	0.9	0.2
% Basophil	0.7	1.6	1.3	0.8

\*Before gastrointestinal bleeding.

increase in the differential count of monocytes (16%, normal upper limit: 9%) (Table 1). Biochemistry screening showed abnormal increases in serum levels of GOT (50 mg/dL), GPT (57 mg/dL), and  $\gamma$ GT (210 IU/L) (Table 2). Urinalysis revealed pyuria. Transrectal ultrasonography of the prostate exhibited a well-defined prostate contour with multiple hypoechoic lesions near the peripheral zone. The prostate was estimated to weigh 52.7 g. The other biochemistry data, including PSA (0.71 ng/mL), were within normal ranges. Routine chest plain film showed no remarkable change. Pelvic CT scan showed enlargement of the left peripheral zone of the prostate. According to the above

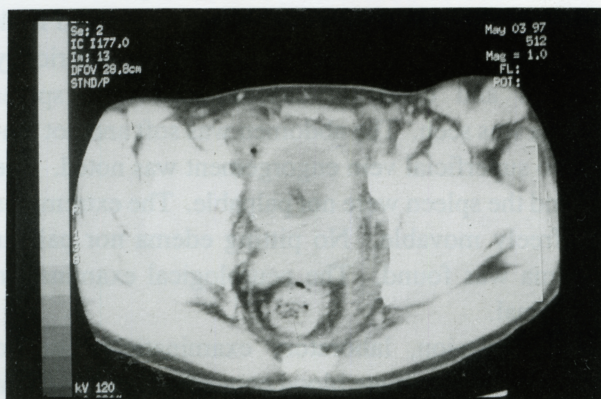


Fig. 1. Pelvic CT scan revealing enlarged left peripheral zone of the prostate with fluid density collection.

**Table 2. Biochemical Data and Tumor Marker**

	1st Admission	2nd Admission	
		Day 1	Day 32
Total protein (g/dL)	6.1	6.9	5.8
Albumin (g/dL)	3.6	4.0	2.9
BUN (mg/dL)	11.0	15.5	53.4
Creatinine (mg/dL)	1.0	1.0	2.0
Uric acid (mg/dL)	7.5	7.1	14.8
Cholesterol (mg/dL)	166	209	NA
Triglyceride (mg/dL)	99	196	NA
GOT (IU/L)	50	53	59
GPT (IU/L)	57	21	24
$\gamma$ GT (IU/L)	210	113	207
ZTT (mg/dL)	6.8	7.0	6.3
D-bilirubin (mg/dL)	0.3	0.2	1.3
T-bilirubin (mg/dL)	0.5	0.4	2.2
ALP (U/L)	125	112	194
Glucose (mg/dL)	100	127	122
Na <sup>+</sup> (mEq/L)	142	140	148
K <sup>+</sup> (mEq/L)	4.0	4.7	3.7
Ca <sup>2+</sup> (mg/dL)	8.8	9.1	13.0
Cl <sup>-</sup> (mEq/L)	106	104	108
PSA (ng/mL)	0.71	0.65	NA
AFP (ng/mL)	NA	1.80	NA
CEA (ng/mL)	NA	1.86	NA
PTH-I (pg/mL)	NA	NA	1.0*
PTH-C (ng/mL)	NA	NA	0.2#

\* Normal range: 10-60 pg/mL.

# Normal range: 0.4-1.4 ng/mL.

data, prostatitis was suspected (Fig.1). Then, relatively delayed secretory function of the left kidney with obstructive uropathy at the left ureterovesical junction and irregularity of the bladder with elevation of the bladder base were noted by intravenous pyelography. Cystoscopic examination displayed severe kissing of the bilateral lobes of the prostate and a prominent left lateral lobe. No intravesical growth was found. Transurethral resection of the prostate (TURP) was performed, and 20 g of myxoid prostate tissue was resected. After this procedure, he was discharged with smooth urination.

The patient came back for the same problem 12 d after discharge. He suffered from sudden difficulty in micturition with dark and reddish urine. He also complained of lower back pain and left leg numbness. Physical examination was not remarkable upon the second admission. Laboratory study showed elevated se-