

PRIMARY DIFFUSE LARGE B-CELL LYMPHOMA OF THE PROSTATE: A RARE DIAGNOSTIC CHALLENGE

FARZANA BINTA RAHMAN¹, SYED MD. AKRAM HUSSAIN²

Primary prostatic lymphoma is a rare extranodal manifestation of Non-Hodgkin Lymphoma, accounting for <0.1% of prostate malignancies and ~0.1% of lymphomas. The most common subtype is Diffuse Large B-Cell Lymphoma. Benign prostatic hyperplasia or carcinoma due to nonspecific lower urinary tract symptoms, leading to frequent misdiagnosis. Serum prostate-specific antigen (PSA) is usually normal, which can provide an important diagnostic clue. Early diagnosis is essential as management differs significantly from prostate carcinoma. A 84-year-old male with comorbidities: Hypertension, cerebrovascular disease, coronary artery disease, Parkinsonism. His presentations were history of Acute urinary retention 1 month back, increased frequency of urination for 1 month, nocturia for the same duration, history of weight loss and anorexia for 2 months. PSA was Within normal range. Histopathology: Consistent with Diffuse Large B-Cell Lymphoma. Management treated with R-CHOP chemotherapy, good tolerance to treatment. Outcome: Primary prostatic lymphoma is a rare but significant differential diagnosis in patients with prostatic enlargement. An enlarged prostate with normal PSA levels should raise suspicion for lymphoma. Definitive diagnosis depends on histopathology along with immunohistochemistry. R-CHOP chemotherapy remains the cornerstone of treatment. Early recognition and diagnosis are essential to improve outcomes and avoid inappropriate management.

Keywords: Primary Prostatic Lymphoma, Diffuse Large B-Cell Lymphoma, Lower Urinary Tract Symptoms

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Affiliations:

1. FCPS Part II Trainee, Bangladesh Medical University, Dhaka, Bangladesh
2. Professor of Oncology, Bangladesh Medical University, Dhaka, Bangladesh