

Metastatic Prostatic Carcinoma Presenting with Intestinal Obstruction

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Introduction

Prostatic carcinoma is one of the most frequently encountered malignancies in men. It is a slow growing tumor that remains confined to the prostate gland initially, where it may not cause serious harm. The autopsy studies show that many older men who died of other causes also had prostate cancer that never affected them during their lives. The behavior ranges from microscopic tumors to aggressive cancer with metastatic potential. The advancement of the tumor is seen in axial skeleton and lymph nodes most commonly. Here we report the case of a 65 year old male, diagnosed for prostatic malignancy with the unusual metastasis in the bowel.

Presentation of Case

A 65 year old male of average height and built and no significant past medical or surgical history, presented in the Emergency Department in June'15 with a history of abdominal pain and absolute constipation since past 7 days. Exploratory Laparotomy with limited right hemicolectomy was done. On digital rectal examination prostate was found to be enlarged with firm to hard consistency. PSA levels turned out to be 74.8 ng/ml. His trans-rectal ultrasound guided trucut biopsy confirmed the adenocarcinoma of prostate, Gleason's (4+4). On further workup bone scan was performed which revealed the advancement of the disease to the bony skeleton [1-3].

Surgical specimen was received and the findings were conclusive of moderately differentiated adenocarcinoma with obscured primary origin and the tumorous involvement of both resection margins. Immunohistochemistry was done later which confirmed the PSA positivity of the gastrointestinal specimen.

After discussion in the tumour board meeting, a palliative approach was considered for the patient and Bilateral orchidectomy was done in August. The patient was discharge following the procedure and serial PSA levels were done on the follow-up visits. The patient was found to be symptom free following one month of his procedure after the PSA dropped to 54.6 ng/ml in the month of September. Subsequent levels were done on the follow-up visits. Recent PSA levels done in January'16 show a drop till 15.9 ng/ml [4,5].

Discussion

Prostate cancer is the most common noncutaneous cancer in men in the United States and is among the most commonly diagnosed cancers in many developed countries. Classic risk factors for this cancer include older age, African-American race/ethnicity, and a family history of prostate cancer.

The majority of men diagnosed with prostate cancer are at an age older than 65 years, and the vast majority of prostate cancer deaths occur due to the late diagnosis. Prostate cancer is one of the most treatable malignancies if caught early. Routine screening has improved the diagnosis of prostate cancer in recent years.

Metastasis of prostatic carcinoma to the gastrointestinal tract presents as a diagnostic challenge. The mechanism of metastasis to the gastrointestinal tract from prostate is still unclear. Hematogenous and lymphatic infiltration are the typical routes of spread. A search of published reports has revealed four cases of metastasis to the stomach, two cases of metastasis to the ileum and a single case of metastasis to the sigmoid colon (Figures 1 and 2).

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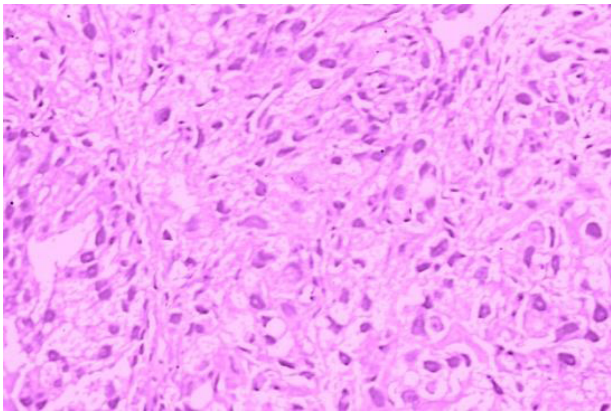


Figure 1: A 40x photomicrograph of the prostatic adenocarcinoma showing raggedly outlined, infiltrating, fused glandular tumor

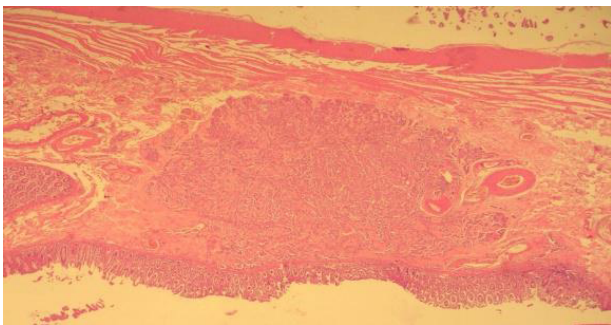


Figure 2: A photomicrograph showing all layers of bowel wall with tumorous deposits in the submucosa

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Conclusion

We emphasize that in patients known to have prostatic cancer and presenting with gastrointestinal symptoms, a possibility of metastatic involvement should be considered. This can be achieved by determining the histopathologic classification of the tumor and by immunohistochemical staining for PSA.