Case Presentation II
Metastatic-Hormone sensitive Prostate cancer

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Case presentation 1

K.I a 57 years old male pt Known to have HTN, CAD S/P CABG presented with AUR

PMSH: Hematuria, dysuria since 1 week

constipation, incontinence intermitency, nocturia.

Patient noted weight loss of 12 kg in 3 months
P/E: DRE big and hard prostate
Lab test: Cbcd: 9000, High creat
Supra pubic catheter (foley<0)

Ct scanner abdomen pelvis done
Ct scanner abdomen pelvis:
  Bilateral uretero hydronephrosis
  Multiple enlarged para aortic LN, iliac, internal, external, presacral
  Multiple Sclerotic Lesions: sacral vertebra, iliac bones, left femoral
  Head
PSA: 1400
Cystoscopy and cytostomy done

Prostate biopsy showed:

Prostatic adenocarcinoma involving both right and left lobes.

Gleason score 9 (5+4)
Hormonal therapy began
Leuprolide 45 + Bicalutamide 50
6 month later:

Patient developed CKD, is on hemodialysis three times per week.
Routine follow up we investigate:
1-Ct abdo pelvis: Decrease in the LN
  left external iliac 6 x 7.5 x 5.5 cm
to 5x3x2 cm
Increase in the multiple sclerotic lesions
2-PSA: 38 ng/ml
Patient is feeling better, No pain.
Next

Cystoscopy + TURBT (superficial)
Surgical Castration done (upon his choice)
Chemotherapy (Docetaxel)
What is next if patient developed castration resistance .....?
Case presentation 2

M.S an 84 years old male pt
previously healthy presented with
dysuria, hesitency, interimitency and
Constipation +++

2 episodes of gross hematurie

PMSH : TURP 25 yrs ago
  No follow up

DRE : left lobe enlargement (Soft)
Lab test; normal, U/A: rbc +++
Psa: 19 ng/ml
Ct scanner abdomen pelvis
Cystoscopy:
- Big prostate
- Trabeculated bladder and diverticulum pouch in posterior wall no bladder tumor
York Mason approach

- Excision of presacral mass, release adhesion from lateral wall of rectum and sigmoid.

- Mass was severely adherent to posterior wall of prostate

- TURP done
- Pathology of presacral mass:
  Hematoma surrounded by thick fibrohyalin tissue with poorly differentiated adenocarcinoma (Immuno + for PSA)

- Pathology of TURP:
  Prostate involved by adenocarcinoma arround 10 % of the submited tissue.
Next

- Wawa
- Hormonal therapy
- Hormonal + Chemo (Docetaxel)