Editorial Comment

Editorial Comment from Dr Hamidi to Cranial nerve palsy caused by metastasis to the skull base in patients with castration-resistant prostate cancer: Three case reports

I read with great interest Yasumizu *et al.*'s case report.[1] The authors reported three castration-resistant prostate cancer patients who developed cranial nerve palsy caused by skull base metastasis. Metastases were detected by magnetic resonance imaging (MRI), and external beam radiotherapy (EBRT) was planned for all patients. However, all patients died within a short time.

Skull base metastasis is a rare manifestation of advanced prostate cancer and its symptoms seriously worsen the quality of life of patients. Various cranial nerves may be involved. MRI is the first imaging modality due to limitations of bone scintigraphy and cranial computed tomography in symptomatic patients.[1]

Although the response to EBRT is quite good for symptom relief, early diagnosis is undoubtedly very important. Because, the prognosis of symptomatic patients with skull base metastasis is poor and many patients will die in a few months after symptoms are seen.[1,2] However, the answer to the question of which patients should be screened for cranial metastases is still unclear.

Another important point in these patients is symptoms relief. Because, symptoms of cranial nerve palsies negatively affect the quality of life. Corticosteroids will reduce edema around the cranial nerves and it will provide a significant improvement in patients' symptoms, especially during EBRT.

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Conflict of interest

The author declares no conflict of interest.

References

1 Yasumizu Y, Kosaka T, Hongo H, Mizuno R, Oya M. Cranial nerve palsy caused by metastasis to the skull base in patients with castration-resistant prostate cancer: three case reports . *IJU Case Rep.* 2021; **4**: 108–11.

2 McDermott RS, Anderson PR, Greenberg RE, Milestone BN, Hudes GR. Cranial nerve deficits in patients with metastatic prostate carcinoma: clinical features an treatment outcomes. *Cancer* 2004; **101**: 1639–43.

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Editorial Comment from Dr Hirayama and Dr Iguchi to Cranial nerve palsy caused by metastasis to the skull base in patients with castration-resistant prostate cancer: Three case reports

The skull is a common site of metastases from systemic cancers. Prostate cancer (PCa) is reported to account for 38.5% cases of skull base metastasis in a literature review of 279 patients of skull base metastasis, whereas cranial nerve palsies caused by metastatic PCa are relatively uncommon.[1] Cranial nerve palsies appear when the neural-foramina are compromised by tumor growth and the pattern of palsy depends on the location of metastasis.

The current article by Yasumizu *et al*. reported three cases of skull base metastasis of castration-resistant prostate cancer (CRPC).[2] Skull base metastases were found symptomatically after the resistance to docetaxel treatment. Although palliative external beam radiation therapy (EBRT) was attempted to the skull base metastases they all died within 3 months after the onset of symptoms. Consistent with these cases, previous studies reported that the prognosis of skull base metastasis is poor because they usually occur late in the course of progressive disease.[3,4] Radiotherapy is generally the standard treatment to palliate symptoms, however not effective to improve the poor prognosis.[4]

In all three cases, docetaxel was selected after they progressed to CRPC and the prostate-specific antigen levels were elevated to 89.6, 209.9, and 423.9 ng/mL, respectively, at the time of diagnosis of skull base metastasis. Current therapeutic options including enzalutamide, abiraterone, cabazitaxel, and radium-223 were not used as long as described in the article, which might because these cases were treated before the era of new agents to CRPC. It could be an option to use the novel therapeutics after docetaxel treatment to improve the outcome. Concomitant palliative EBRT is also eligible when skull base metastasis appeared.

Routine head screening to examine skull base metastasis is not always necessary in patients with metastatic CRPC;