

Oncology

Carcinoma of prostate masquerading as retroperitoneal lymphoma

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ABSTRACT

Prostate cancer is the fifth most common malignancy worldwide and the second most common in men. It usually metastasizes to bony skeleton, followed by lung, liver, pleura and adrenals. We report a 71 year old male patient who initially presented only with retroperitoneal lymphadenopathy and constitutional symptoms, misleading the diagnosis of retroperitoneal lymphoma. Who later on was discovered to have carcinoma prostate.

Introduction

Prostate cancer is the fifth most common malignancy worldwide and the second most common in men. It usually metastasizes to bony skeleton, followed by lung, liver, pleura and adrenals. Lymph nodes commonly involved are hypogastric and obturator nodes. Seldom cases present only with lymph nodes metastasis.

Case report

We report a 70 years old male patient, who presented with left lower limb swelling of 4–5 months duration to the Surgery department. At presentation he had anorexia, low grade fever and significant weight loss. However he had no complaints of LUTS, hematuria or low backache. His DRE revealed benign grade I prostatomegaly and systemic examination was unremarkable except for left lower limb pitting edema extending up to inguinal region. He was a non-smoker and his family history was not contributory.

Contrast enhanced CT scan of abdomen and pelvis showed an enhancing lesion measuring $4.8 \times 5.3 \times 7$ cm in the left lower paraaortic region which was extending along left common iliac and internal iliac vessels. The lesion was also encasing left lower ureter, causing mild hydroureteronephrosis. It was suspicious of lymphoma. His serum PSA at presentation was 5.5ng/dl, % free PSA was 17% (equivocal) and other tumor markers were normal. On further investigations, a primary source of malignancy and metastasis elsewhere could not be found. So a diagnostic laparoscopic excision biopsy of paraaortic lymph node mass was done. The histopathology report revealed adenocarcinoma. Following which ^{18}F FDG- whole body PET CT scan (Figs. 1 and 2) was done which

showed metabolically active foci in right lobe of prostate gland along with left paraaortic and iliac lymph nodes, without any bone or visceral metastasis. Repeat serum PSA was found to be 6.2ng/dl. TRUS guided prostate needle biopsy was done which evinced adenocarcinoma prostate with a gleason score of $3 + 4 = 7$ (Fig. 3).

Conclusion

Prostatic malignancy can surprise clinicians by its unexpected presentation and manifestations. There are case reports of unusual presentation of patients with osteolytic bone metastasis, huge abdominal lump, peritoneal metastasis with malignant ascites¹ and cervical lymphadenopathy.^{2–4} Rarely, it can also present as a pneumothorax or anejaculation.⁵ Although rare, possibility of carcinoma prostate presenting only with retroperitoneal lymphadenopathy needs to be emphasized. High index of suspicion and low threshold for investigating such cases in lines of prostatic malignancy is needed for early diagnosis and timely treatment of the disease.

The aim of our case report is to share our experience of on an unusual presentation of prostate cancer.

Declaration of competing interest

None declared under financial, general, and institutional competing interests.

Abbreviations: CECT, Contrast enhanced computed tomography; DRE, Digital rectal examination; HDUN, Hydroureteronephrosis; LUTS, Lower urinary tract symptoms; PET- CT, Positron emission tomography- computed tomography; PSA, Prostate specific antigen; TRUS, Transrectal ultrasound.

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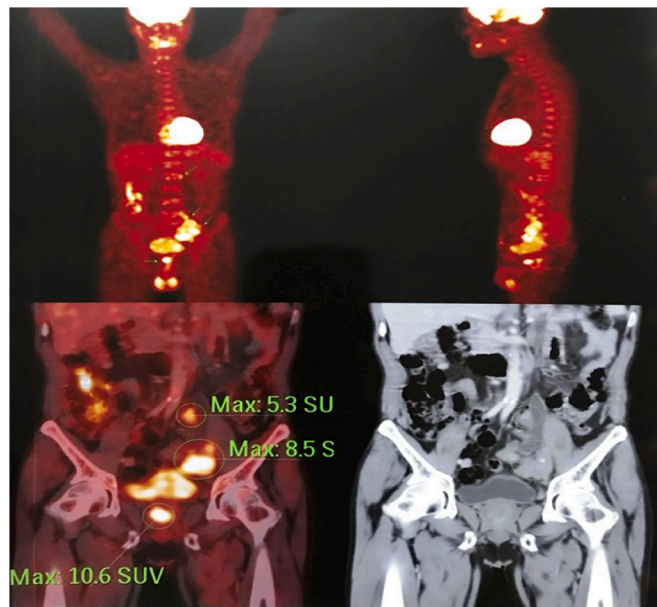


Fig. 1. ¹⁸F- FDG PET-CT scan showing metabolically active metastatic soft tissue density mass in left iliac region encasing left ureter with left hydronephrosis, metabolically active metastatic subcentimetric left paraaortic lymphnodes, metabolically active focal uptake in right lobe of prostate gland.

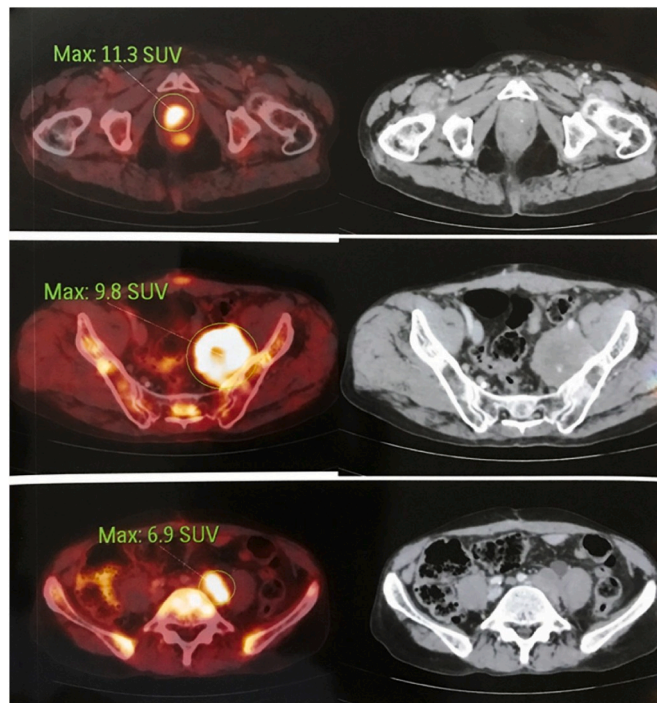


Fig. 2. ¹⁸F- FDG PET-CT scan showing metabolically active metastatic soft tissue density mass in left iliac region, metabolically active metastatic subcentimetric left paraaortic lymphnodes, metabolically active focal uptake in right lobe of prostate gland.

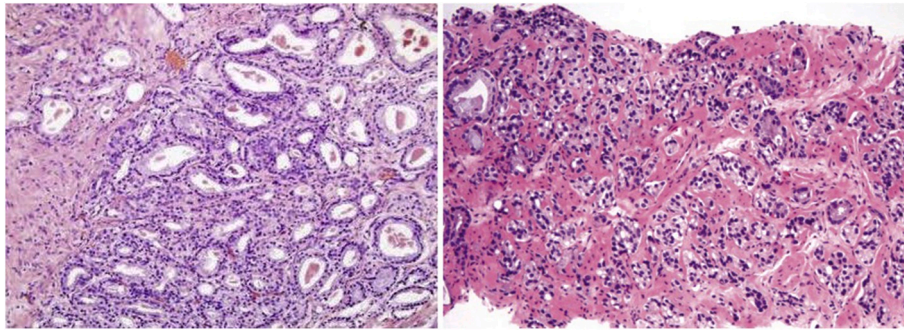


Fig. 3. Histopathology slides of prostate needle biopsy showing Gleason grade 3 and 4 patterns..

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