

Editorial Comment

Editorial Comment to Primary basal cell carcinoma of the prostate with concurrent adenocarcinoma

Basal cell carcinoma of the prostate is extremely uncommon; however, it should be considered during differential diagnosis of a prostate tumor. Serum prostate-specific antigen level is typically normal. Because basal cell carcinoma often develops in the transitional zone, it frequently causes bladder outlet obstruction or macrohematuria, whereas a normal adenocarcinoma does not. Hennes *et al.* described a patient with prostatic basal cell carcinoma whose primary symptom was lower urinary tract symptom; the cancer was incidentally diagnosed on pathological examination after transurethral prostate resection.¹ When this condition is treated via radical prostatectomy at the organ-confined stage, the prognosis is favorable. Magnetic resonance imaging finding of this case after transurethral resection revealed a rapidly proliferating tumor that was confined to the prostate, and the authors chose robotic radical prostatectomy. Other treatment options include chemotherapy, radiotherapy, or pelvic exenteration; however, the prognosis of patients at advanced stage is miserable. This editor also encountered a patient with prostatic basal cell carcinoma that extended outside the prostate; this cancer was first treated via chemotherapy in a neoadjuvant setting, but

the treatment was ineffective.² Patients with prostatic basal cell carcinoma should undergo immediate radical surgical resection if at all possible.

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Conflict of interest

The author declares no conflict of interest.

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