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Case report

An uncommon cause of dysuria solved by “boom-boom” radiotherapy



Une cause inhabituelle de dysurie résolue par radiothérapie de faible dose

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ABSTRACT

Background. – Chronic lymphocytic leukaemia is a common disease affecting the hematopoietic organs. The disease remains classically indolent for years preceding a blast crisis. However, the disease can affect all parts of the body. We report here an unusual localization.

Case presentation. – A 72-year-old man was followed for 2 years for an indolent chronic lymphocytic leukaemia while he presented a rapidly progressive dysuria. Prostate biopsies were performed concluding to a prostate involvement by the chronic lymphocytic leukaemia. In the absence of progression according to RAI staging system and Binet's classification, he was treated with local low-dose radiotherapy, twice 2 Gy, allowing for a rapid resolution of the symptoms. No systemic treatment was introduced, and 1 year after the completion of his treatment, he is still under watchful waiting strategy for his chronic lymphocytic leukaemia.

Conclusion. – Low-dose radiotherapy is an underused effective strategy in indolent lymphoma. In this case, urinary symptoms from a prostate involvement were relieved non-invasively at low cost.

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R É S U M É

Introduction. – La leucémie lymphoïde chronique est une maladie répandue qui affecte les organes hématopoïétiques. La maladie reste classiquement indolente pendant plusieurs années avant une phase d'acutisation. Cependant, la maladie peut affecter toutes les parties du corps. Nous rapportons ici une localisation inhabituelle.

Cas clinique. – Un homme de 72 ans, suivi pendant 2 ans pour une leucémie lymphoïde chronique indolente, souffrait d'une dysurie rapidement progressive. Des biopsies de la prostate ont été effectuées, concluant à une infiltration de la prostate par la leucémie lymphoïde chronique. En l'absence de progression selon le score de RAI et la classification de Binet, une radiothérapie de faible dose locale, deux fois 2 Gy, a été délivrée, permettant une résolution rapide des symptômes. Aucun traitement systémique n'a été introduit et, un an après la fin de son traitement, il est toujours en stratégie de l'attente vigilante pour sa leucémie lymphoïde chronique.

Conclusion. – La radiothérapie de faible dose est une stratégie efficace et sous-utilisée dans le lymphome indolent. Dans cette observation, les symptômes urinaires liés à une infiltration de la prostate ont été soulagés de manière non invasive et à faible coût.

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1. Introduction

Chronic lymphocytic leukaemia/small lymphocytic lymphoma is a common disease with an exponentially increasing incidence after the age of 50 years. Every year, about 15,000 new diagnosis are made, and it causes 5000 deaths in the United States [1]. It is characterized by a proliferation of mature CD5+, CD19+, CD23+ lymphocytes and a weak surface expression of a monoclonal immunoglobulin B cell receptor. Chronic lymphocytic leukaemia cells mostly accumulate in the peripheral blood, lymph nodes, bone marrow and spleen. However, at diagnosis about half of the patients are asymptomatic and the diagnosis is made on routine blood samplings. Classically, the disease may remain indolent for years, but can eventually progress and require therapy. Although chronic lymphocytic leukaemia classically affects hematopoietic organs, the disease can target all parts of the body. We report the case of an uncommon localization of the disease in the prostate, responsible for severe urinary symptoms.

2. Case report

A 72-year-old man followed for 2 years for a chronic lymphocytic leukaemia presented to his urologist with dysuria of rapidly increasing intensity. Two years earlier, he had been referred for hyperleukocytosis discovered on a routine blood test showing 13,200 white cells and 6300 lymphocytes. His Eastern cooperative oncology group (ECOG) performance status was 0. Clinical examination showed no palpable adenopathy or splenomegaly. Immunophenotypic analysis confirmed the diagnosis of chronic lymphocytic leukaemia, with B lymphocytes expressing CD20, CD19, CD23 and CD5. Cells were λ chains restricted. Matutes score was 5/5. Blood count was normal except for hyperlymphocytosis and the disease was classified stage A according to Binet's classification; 0 according to RAI staging. The patient was followed every 6 months during 2 years without any significant event.

At clinical examination, digital rectal exam showed prostate hyperplasia, which felt benign. The volume of the prostate was evaluated at 90 cm³. The International Prostate Symptom Score (IPSS) score was 18, with sensation of not emptying the bladder, weak flow, interruptions and need to urine frequently and nycturia. The patient evaluated his urinary quality of life due to urinary symptoms at 4 (mostly dissatisfied) on a 6-level scale. An ultrasound exam of the bladder concluded to an obstructive outlet of the bladder. A pelvic MRI confirmed a hyperplasia of the prostate without argument for a malignant etiology (Fig. 1). A prostate specific antigen (PSA) dosage showed an increased marker, 10.9 ng/mL, which

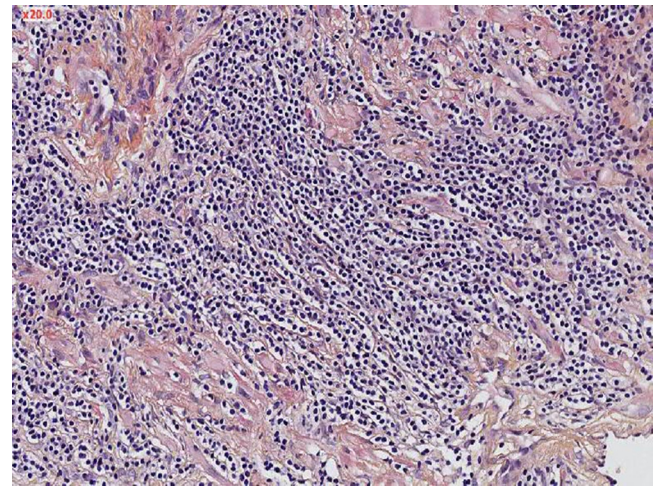


Fig. 2. Histological confirmation of a chronic lymphocytic leukaemia involvement of the prostate (haematoxylin-eosin stain, $\times 20$).
Confirmation histologique d'une infiltration de la prostate par la leucémie lymphoïde chronique (coloration hématoxyline-éosine, $\times 20$).

motivated prostate biopsies. Twelve biopsies were performed concluding to a massive infiltration by chronic lymphocytic leukaemia cells. No prostatic tissue was identified on the samples. The biopsies were reviewed at our institution which confirmed the diagnosis by showing small monomorphic lymphocytes proliferation with a strong labeling of CD20, CD79a and Bcl2, and a weak expression of CD5 and CD23 (Fig. 2). No expression of CD10 and Bcl6 was observed. In the absence of any additional symptoms or progression of the disease, the tumour board proposed symptomatic low-dose radiotherapy. Four Gy in two fractions and 2 days were delivered at the International commission for radiation units and measurements (ICRU) point. With regards to the dose level, a 3D-conformal radiotherapy with high-energy photons and a simple ballistic (4-field box) was used. No acute side effect was noticed. After 1 month, the symptoms were reevaluated showing clear improvement of the dysuria with an IPSS score of 2. At last follow-up, 1 year after treatment completion, the patient describes no dysuria and is still under watchful waiting for his chronic lymphocytic leukaemia.

3. Discussion

Non-hematopoietic organ involvement by small lymphocytic lymphoma/chronic lymphocytic leukaemia, and a fortiori of the

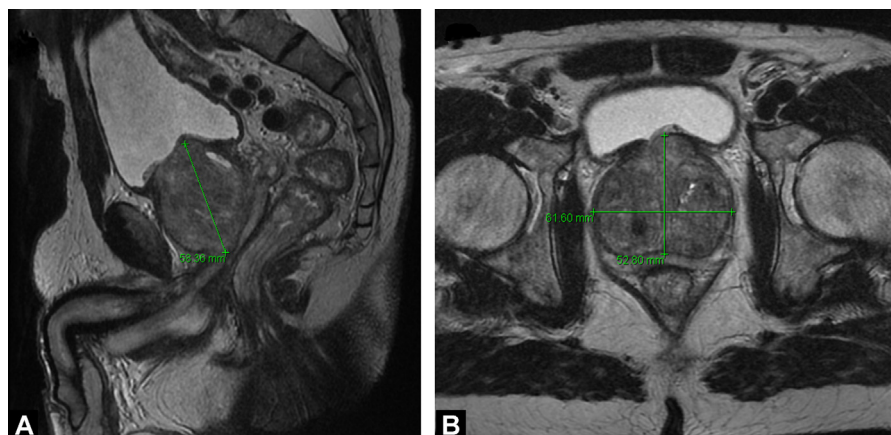


Fig. 1. MRI of the prostate, T2 sequence. A. Sagittal view. B. Axial view.
IRM de la prostate, séquence T2. A. Vue sagittale. B. Vue axiale.

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