



African Journal of Urology

Official journal of the Pan African Urological Surgeons' Association
web page of the journal

www.ees.elsevier.com/afju
www.sciencedirect.com



Uro-Oncology

Case report

Prostate cancer revealed by skin metastasis: A case report in black African man



K. Tengue^{a,*}, T. Kpatcha^a, E. Sewa^a, K. Sikpa^a, G. Botcho^a,
E. Leloua^a, A. Amavi^b, A. Mouhari-Toure^c, K. Amegbor^d, E. Dosseh^e

^a Departments of Urology, CHU Sylvanus Olympio, Lome, Togo

^b Departments of Oncology, CHU Sylvanus Olympio, Lome, Togo

^c Dermatology Departement, CHU, Kara, Togo

^d Departments of Anatomopathology, CHU Sylvanus Olympio, Lome, Togo

^e Department of General Surgery, CHU Sylvanus Olympio, Lome, Togo

Received 22 June 2016; received in revised form 11 September 2016; accepted 18 October 2016

Available online 23 November 2016

KEYWORDS

Skin metastasis;
Prostate cancer;
Africa

Abstract

Introduction: Prostate cancer is the most common male malignancy in Togo. Most patients present with advanced and metastatic disease. Skin metastasis from prostate cancer is very rare and it occurs late and often with a poor prognosis. We report a case in a 52-year-old Togolese man where the skin lesions reveal the disease and with a good prognosis three years after treatment.

Observation: In 2012, a 52-year-old man presented in dermatology with multiple painless skin nodules on his chest. He did not have lower urinary tract symptoms. The biopsy of the skin lesion (three nodules) showed a metastasis of adenocarcinoma type tumor and tumor markers performed pointed toward prostate as primary site. In urology a diagnostic biopsy (12 cores) of prostate revealed a high-grade (Gleason grade 4+4) adenocarcinoma. We performed a bilateral orchiectomy as androgen deprivation therapy and one month after this treatment the skin lesions have disappeared.

Conclusion: Skin metastasis of prostate cancer is rare and their recognition remains poor among practitioners requiring biopsy of the lesions. The prognosis could be better in newly diagnosed prostate cancer.

© 2016 Pan African Urological Surgeons Association. Production and hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Abbreviations: ADT, androgen deprivation therapy; PSA, prostate specific antigen; DRE, digital rectal examination.

* Corresponding author at: Urology Department, CHU Sylvanus Olympio, P.O. Box 14148, Lome, Togo.

E-mail addresses: drteguekodjo@yahoo.fr, kevin.tg@yahoo.fr, tenguekodjo88@yahoo.fr (K. Tengue).

Peer review under responsibility of Pan African Urological Surgeons' Association.

<http://dx.doi.org/10.1016/j.afju.2016.10.003>

1110-5704/© 2016 Pan African Urological Surgeons Association. Production and hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

Prostate cancer is the most common malignant neoplasm in men and the second cause of cancer-related mortality in men after lung cancer [1]. Also in Togo (West Africa) it is the most common cancer in men [2]. In Africa most patients present with advanced and metastatic disease. The common sites of this metastasis are bones and pelvic lymph nodes. Metastasis to skin is rarely reported with a published incidence of 0.36% [3]. Cases in native Africans are very uncommon despite the high incidence of the disease in this population. This skin metastasis usually occurs late in patients who then have a poor prognosis [4].

We hereby report a case where the skin nodules are the first symptoms of the disease and with a clinically durable response three years after treatment by a bilateral orchiectomy.

Case report

In October 2012, a 52 year-old African man presented in dermatology with nodular lesions. On examination, he had multiple subcutaneous nodules on his trunk. He reported that these lesions developed abruptly over a three-weeks period. The nodules were asymptomatic, painless and had not been previously treated. The biopsy of these skin lesions (three nodules) revealed gland-like structures (Fig. 1) which showed that it was a metastasis of an adenocarcinoma type tumor. Tumor markers performed on serum samples pointed toward prostate as primary site [Carcinoembryonic Antigen for colon: 3.6 ng/mL (<10 ng/mL), Carbohydrate Antigen 19-9 for pancreatic tumor: 4, 56 U/mL (<35 U/mL), PSA for prostate cancer: 65 ng/mL (0-4 ng/mL)].

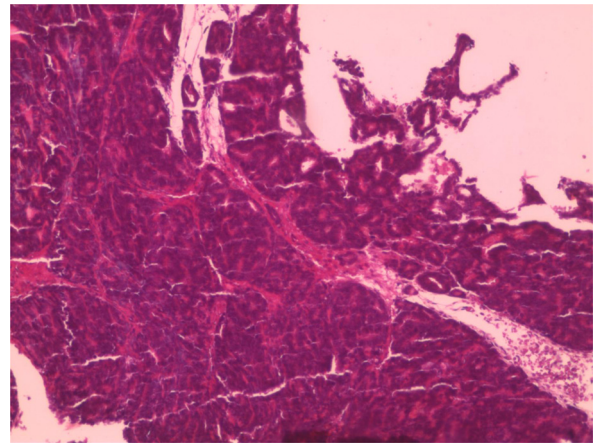


Figure 1 Tumor glands fused giving polyadenoid aspects.

So the patient has been referred to urology for management. He presented to our clinic in urology four months after he had been seen in dermatology. On examination the nodules had spread on the entire chest and the abdomen. He lost weight and was unable to go to work. He did not have lower urinary tract symptoms neither hematuria, nor back pain. There was no illness in the patient history and no prostate cancer disease in the family. On digital rectal examination (DRE), the prostate was enlarged, hard and nodular. His new serum PSA was 96 ng/mL. A diagnostic prostate biopsy (12 cores) revealed a high-grade (Gleason grade 4+4) adenocarcinoma on hematoxylin and eosin section. A CT scan of the chest, abdomen and pelvis revealed no widespread visceral lesions but pelvic lymph nodes dissemination. The bones scintigraphy was not performed because it was not available in the country. So the prostate adenocarcinoma with skin



Figure 2 Skin metastatic nodules (A) which disappeared one month after the androgen deprivation therapy (B).

Download English Version:

<https://daneshyari.com/en/article/5729527>

Download Persian Version:

<https://daneshyari.com/article/5729527>

[Daneshyari.com](https://daneshyari.com)