



CASE REPORT

An unusual presentation of a patient with advanced prostate cancer, massive ascites and peritoneal metastasis: Case report and literature review



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ARTICLE INFO

Article history:

Received 6 March 2014

Received in revised form 9 May 2014

Accepted 9 May 2014

Available online 17 May 2014

Keywords:

Prostate cancer

Ascites

Peritoneal metastases

Case report

ABSTRACT

We describe the case of a patient with prostate cancer, ascites, omental and bone metastases, an extremely rare clinical variant that warrants further investigation, and review the relevant literature.

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Introduction

Prostate cancer is the second cause of cancer related deaths in men, despite a decrease in incidence and mortality rates in the

United States by 2.4% from 2001 to 2005 [1]. Hematogenous metastases are present in 35% of patients with prostate cancer, with most frequent involvement sites being bone (90%), lung (46%), liver (25%), pleura (21%), and adrenals (13%) [2–4]. The risk of systemic dissemination increases sharply in the presence of regional and para-aortic lymph node involvement. The peritoneum is an extremely rare metastatic site for prostatic adenocarcinoma, with only a few cases published to date. We present a rare case of a patient who presented to our department with peritoneal disease, massive ascites and locally advanced prostate cancer. A review of the literature was also performed.

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Peer review under responsibility of Cairo University.



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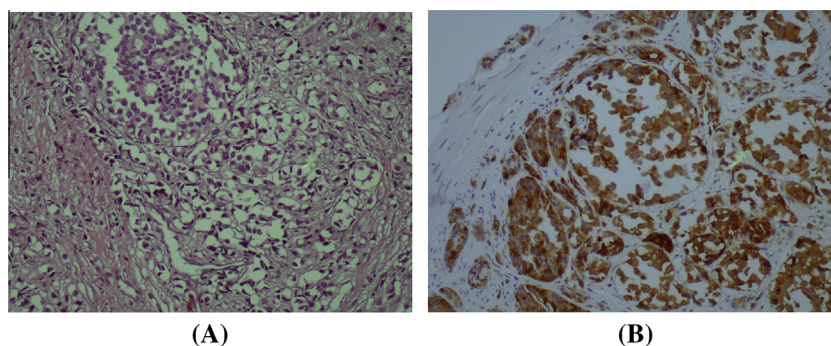


Fig. 1 Prostate biopsy (A) and Prostate-specific antigen (PSA) immunohistochemistry (B). (A) Histology of prostate obtained after prostatectomy showing neoplastic cells arranged in diffuse and rarely in cribriform pattern. Cytoplasm is pale to clear and contain oval nuclei with prominent nucleoli. H + E. (B) Prostate-specific antigen (PSA) immunohistochemistry.

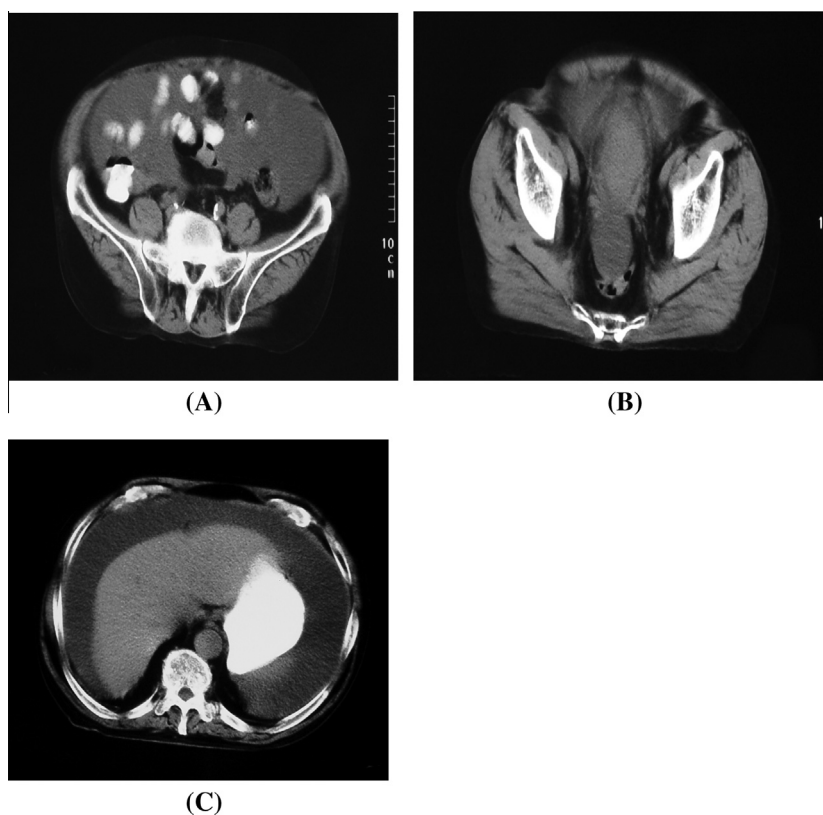


Fig. 2 (A) Abdominal CT scan showing peritoneal/omental thickening, (B) enlarged prostate gland and (C) ascites.

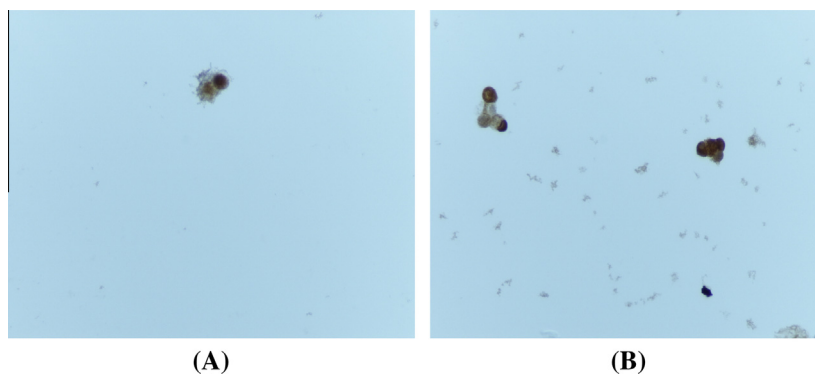


Fig. 3 Cytology of ascitic fluid and prostate acid phosphatase (PAP) test. Material with moderate cellularity and atypical, small-sized cells positive to (A) PSAP and (B) PAP.

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