Diffuse Sclerotic Metastatic in Carcinoma Prostrate

Manjeet Kumar¹, Kirti Rana², Sanjeev Chauhan²

¹Assistant Professor, Department of Urology, IGMC Shimla, India
²Senior Resident, Department of Urology, IGMC Shimla, India

*Corresponding Author: Manjeet Kumar, Assistant Professor, Department of Urology, IGMC Shimla, India; Email: dr.vicky.surgeon@gmail.com

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Clinical Image

An 82 years old male presented with lower urinary tract symptoms with swelling feet. On examination he had palpable urinary bladder and hard nodular prostate. Blood investigations were Hb 15.6 gm%, TLC 7600/mm³, Urea 40, creatinine 1.9, PSA 5200 ng/dl. X-ray pelvis and skull suggested sclerotic lesions in pelvic bones and skull. He was catheterized and prostate biopsy was done. Prostate biopsy suggested adenocarcinoma prostate Gleason’s score 4+4. He was started on LHRH antagonist and Docetaxel based chemotherapy for metastatic carcinoma prostate.

Skeletal metastases comprise almost 70% of all malignant bone tumours, and are associated with a variety of cancers. Carcinoma Prostate is the most common cancer in males. In our part of India, radiological investigations like bone scan, PSMA PET scan are not available. Thereupon diagnosis is made clinically and with X-ray, CT scan and MRI. Diagnosis with X-ray is easy, quick and freely available. With this clinical image, we believe that history, clinical examination, X-ray pelvic bones and skull are still useful for diagnosing and follow up in carcinoma Prostate ((Fig. 1).
Conflict of Interest

It is stated that there are no conflicts of interest between the proponents and participants in the present work.