1089

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PENILE METASTASIS: A RARE ENTITY

Hypothesis / aims of study

Small cell prostate cancer (SCCp) is an agressive and rare entity, frequently associated with prostate adenocarcinoma (CaP) (40-50%).

It shares histological features with lung SCC (SCCl) and presents as an extensive local disease, visceral disease, low PSA levels despite the advanced metastatic disease, rapid progression and unresponsiveness to hormonal blockade (HT).
The average time of SCCp development in patients with CaP history is about 18-25 months.
The staging is similar to CaP and the evolution implies a regular follow-up by thoracoabdominal-pelvic CT / MRI and bone scintigraphy.

SCCp is treated the same way SCCl does. They are both chemosensitive with dim prognosis due to their agressiveness.

Study design, materials, methods, results and interpretation of results

A 39 years old patient with acinar CaP G6 (3 + 3) cT2c NxMx, IPSS 3, PSA 6.19, prostatic volume of 24g, Qmax 17ml/s, submitted to I125 low dose Brachytherapy (BT)+Radiotherapy (RT) in 2003. He didn´t do HT.
Regular semianually follow-up was done, with PSA nadir of 0.77 ng/ml, 5 years after BT (2009). According to Phoenix criteria, the biochemical failure was declared in August 2014.
In May 2014 the patient reported the appearance of several hard, firm and painless penile nodes (0.5 cm in diameter). In September 2014 biopsies of these nodules and of the prostate were made, which showed the same histological result in both: SCCp with penile metastization. A prostatic G8 (4 + 4) focus was also identified at prostate level.
CT and Bone Scintigraphy showed multiple scattered adenopathies, hepatic, pulmonary and axial skeletal metastases.
In October 2014 he started QT and 3 months later he developed an urethro-rectal fistula.
The patient died in March 2015 at 52 years old.

Concluding message

SCCp is a rare and agressive subtype of prostate carcinoma. It doesn´t usually respond to HT and the progression of the disease is not associated with PSA increases. As SCCl, SCCp is chemosensitive. However, given its rarity, a specific treatment is not standardized. The current published results come from small retrospective series,that show an average survival of about 9 months after starting QT.

References

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