

INGUINAL AND RETROPERITONEAL LYMPHADENOPATHY AS INITIAL PRESENTATION OF ADVANCED PROSTATE CANCER MIMICKING LYMPHOMA

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Introduction:

Prostate carcinoma (PCa) is second most common type of cancer in men, with the highest incidence rate in their late 70s. Advanced PCa usually spreads in regional lymph nodes and axial skeleton, followed by the lungs, bladder, liver and adrenal glands. The inguinal lymph nodes are an unusual site of metastases for PCa. We present a case of a patient with PCa with inguinal and retroperitoneal lymphadenopathy as initial presentation

Case presentation :

A 63 year old patient presented in the emergency department with diffuse abdominal pain and a lump in the right inguinal region. No urinary tract symptoms were reported.

Contrast-enhanced abdominal computerized tomography revealed retroperitoneal and inguinal lymphadenopathy presence. High index of suspicion for malignant lymphogenous disease was set. Excisional biopsy of the right inguinal nodes was performed. Histopathology showed a metastatic deposit in the lymph nodes originating from the prostate. Offered prostate biopsy was declined by the patient. Initial level of serum Prostatic Specific Antigen (PSA) was >100 ng/ml.

Skeletal scintigraphy with Technetium 99m-methyl diphosphonate was performed, with the finding of multiple focal pathological accumulations of the radiotracer. Hormonal and bisphosphonate therapy was given by oncologist. Three weeks after treatment initiation, PSA levels decreased to 43ng/ml followed by additional decrease after 2 months (5 ng/ml).

Conclusion:

Although inguinal lymph node metastases in prostate cancer are rare initial presentation, certain index of suspicion should be raised. This should lead to timely and proper diagnosis in order to initiate the oncologic treatment with patients with advanced PCa.

Keywords:

Inguinal lymphadenopathy, Prostate carcinoma, Metastasis