

Osteosclerotic Prostatic Metastasis



FIGURE 1. Anteroposterior radiograph of the pelvis demonstrating multiple osteosclerotic metastases from prostate adenocarcinoma. The sclerotic metastases are seen throughout all the skeletal structures.

Edmund C.P. Chedgy^{1,*}, Ibrahim Niematallah², and Amr Hawary¹

¹Department of Urology, Weston General Hospital, Weston-Super-Mare, Somerset, U.K.; ²Department of Urology, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, U.K.

E-mail: edchedgy@hotmail.com

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An 80-year-old retired engineer with known prostate cancer was admitted under the care of the physicians generally unwell, complaining of tiredness, with associated agonising bilateral hip pain. On admission,

plain pelvic X-rays revealed multiple osteosclerotic metastases characteristic for prostatic cancer. This radiologic finding was confirmed by the clinical finding of a hard, malignant-feeling prostate gland on digital rectal examination and a prostatic-specific antigen of 290 ng/ml. The patient was started on hormonal treatment, namely, luteinising hormone releasing hormone analogues (LHRH), and referred for palliative radiotherapy for symptomatic control and to the palliative care team for longer-term care plans.

Osteosclerotic metastases from prostate cancer have been described in skeletons as far back as the first century A.D.[1] and more recently the Middle Ages[2]. Patients with only metastases to bone can survive up to 10 years or more. Current treatments of bony metastases are limited to bisphosphonates, with the aim of improving quality of life by reducing the risk of developing pathological fractures, with no survival benefits[3].

Prostate cancer metastases on plain pelvic radiograph are much less frequently encountered in current clinical practice, as it is not considered a part of the workup for prostate cancer patients[4] and is usually only seen as an incidental finding when patients are investigated for bone pains or following falls.

REFERENCES

1. Grévin, G., Lagier, R., and Baud, C.A. (1997) Metastatic carcinoma of presumed prostatic origin in cremated bones from the first century A.D. *Virchows Arch.* **431(3)**, 211–214.
2. Tkocz, I. and Bierring, F. (1984) A medieval case of metastasizing carcinoma with multiple osteosclerotic bone lesions. *Am. J. Phys. Anthropol.* **65(4)**, 373–380.
3. Clezardin, P. and Teti, A. (2007) Bone metastasis: pathogenesis and therapeutic implications. *Clin. Exp. Metastasis* **24(8)**, 599–608.
4. Porter, T., Stoddart, G., and Hinchliffe, A. (1998) The role of the plain X-ray in the assessment of prostatic symptoms. *Br. J. Urol.* **81(2)**, 257–258.

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