

Haemolytic Uraemic Syndrome and Its Relation to Metastatic Prostate Aden carcinoma: A Case Report

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Abstract

Haemolytic Uraemic Syndrome (HUS) has been rarely related to prostate cancer. The few cases reported in the literature show a better prognosis with the implementation of oncologic treatment. Its pathogenesis is unknown and has never been described as a consequence of treatment with bicalutamide. At the presented case this association couldn't be dismissed due to its temporal relationship, so surgical castration was carried out. It is important to recognize signs and symptoms of HUS on time because an early intervention is related to a better outcome.

Introduction:

Prostate cancer is the second most common malignancy in men affecting more than a million patients in the United States and the third leading cause of death from cancer in developed countries. Diagnosis at a metastatic stage is unusual, but it is usually observed when local treatments fail to control the disease. Since the 1940s, androgen deprivation therapy (ADT) has been used as a pillar of the initial treatment of advanced hormone-sensitive prostate cancer, but since the publication of the results of the CHAARTED clinical trial, it has been confirmed that some patients benefit from early therapy with a chemo-hormonal strategy based on docetaxel and ADT.

Hemolytic uremic syndrome (HUS) is defined as a potentially fatal disease belonging to the spectrum of thrombotic microangiopathies. Its signs and symptoms are characterized by neurological abnormalities, fever and risk of bleeding, derived from endothelial dysfunction which leads to consumption thrombocytopenia, microangiopathic hemolytic anemia analog LHRH and antiandrogens being preferred because of its aesthetic and psychological implications

Discussion:

Initial treatment for hormone-sensitive prostate cancer involves deprivation of androgens by pharmacological or surgical castration, the first option generally using and acute renal failure. Its etiology is normally unknown and it is associated with a fatal prognosis and high mortality rates.

Its relationship with cancer is rare and only a few cases of HUS such as the initial presentation of prostate cancer have been described.

Here we present the case of a patient who, after a recent diagnosis of metastatic prostate cancer, developed an HUS.

Case Report:

A 61 years-old man was admitted to our hospital in July 2015 because of a spinal cord compression (back pain with fast progression in 24 hours to paresis in lower limbs). He was an ex-smoker and had a past medical history of beta thalassemia minor and COPD with an emphysema phenotype. He underwent a D6-D7 laminectomy with decompression of spinal cord followed by D4-D9 fixation. Histopathology of the resected bone tissue was consistent with metastasis of a prostate cancer and blood tests showed a PSA of 514.2 ng/ml [<4.0 ng/ml].

Once the patient was stable he underwent prostatic biopsy, which confirmed prostate adenocarcinoma Gleason 8 (4+4). Staging evaluation was completed with a CT scan that didn't show visceral compromise and a bone scintigraphy confirmed bone metastasis in D6-D7. Androgen deprivation therapy was then started with bicalutamide 50mg PO daily. However, if it is not possible to reduce testosterone levels to <50 ng / dl with the drugs available these days, or if bicalutamide cannot be used, as happened in our case, it is possible to use a surgical strategy undergoing a bilateral orchidectomy.

Since the recent publication of the CHAARTED clinical trial, the use of docetaxel during the first 3 months of ADT has given better results than ADT alone in terms of overall survival (57.6 vs 44 months), progression-free survival and biochemical response, especially in patients with a high burden disease, who have not yet achieved median survival in the subgroup of patients with a low load disease. These results confirm those of the STAMPEDE clinical trial, presented during the last ASCO 2015.

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