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Isolated Peritoneal Carcinomatosis and Possible Ureteral Metastases Secondary to Unknown Prostate Cancer

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Description

Peritoneal carcinomatosis secondary to prostate cancer is extremely rare, especially in the absence of bone metastasis, with three cases published to date [1].

We present an 87-year-old man with a personal history of benign prostate hypertrophy under treatment with tamsulosin,

The patient initiated complete hormonal blockade with Bicalutamine and Triptorelin. Two months later, a bone scintigraphy and Uro-CT were performed, showing wall thickening in the middle third of the ureter with retrograde dilation, a significant increase in prostate size and metastasis in all bone structures. The patient died from COVID-19, 3 months after surgery.

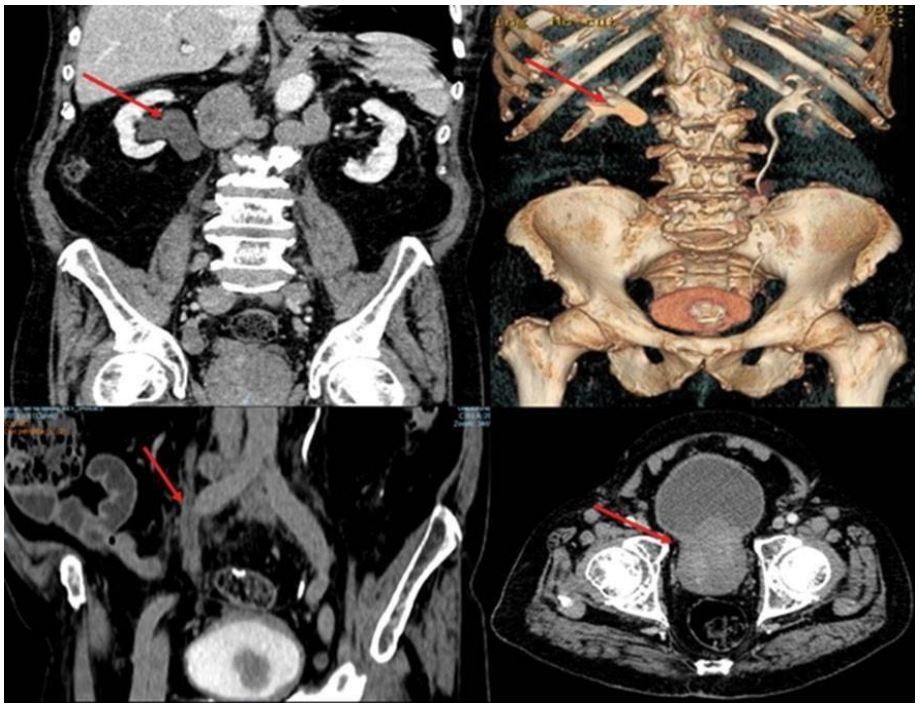

Figure 1:(A) Right uretero-hydronephrosis in conventional CT image; (B):Right uretero-hydronephrosis in uro-CT with 3D recontruction, compared to healthy left pyelocaliceal system; (C): Possible single, isolated and localized metastatic deposit, which conditi ons luminal stenosis and secondary obstruction; (D): Enlarged prostate, retrovesical and pararectal adenopathic conglomerates

who underwent urgent surgery for an acute abdomen. An urgent abdominal CT also revealed a possible right ureteral tumor with grade 3 right ureterohydronephrosis; aortoiliac, retrovesical and pararectal adenopathic conglomerates; enlarged prostate (BPH/tumor); no bone lesions. Intraoperative, acute perforated diverticulitis and millimeter nodule in the parietal peritoneum of the pelvis were found. Hartmann's intervention and biopsy of said nodule were performed. The patient evolved satisfactorily, proceeding to hospital discharge on the 10th day.

Pathological outcome reports (A) Sigmoidectomy: acute perforated diverticulitis. (B)Peritoneal nodule: metastasis of carcinoma whose immunohistochemistry points to prostate origin.

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Given the ureteral radiological characteristics and the recent diagnosis of peritoneal carcinomatosis due to prostate cancer, we suspect a ureteral metastasis, an exceptionally unusual condition, with only one case previously published, as far as we know (Figure 1).

Ureteral metastases from prostate cancer are extremely rare. Fitch and Robinson classified these obstructive ureteral metastases in two categories: local retroperitoneal infiltration or single metastatic deposits with end luminal obstruction, being less frequent. Our case would belong to the latter since the thickening is in the middle third of the ureter, away from the ureterovesical junction[2,3].

Conclusion

Peritoneal carcinomatosis secondary to prostate cancer is extremely rare, especially in the absence of bone metastasis, with three cases published to date. Furthermore, ureteral metastases secondary to prostate cancer are very rare, with 50 cases published to date. Despite its infrequency, suspicion should be maintained in the presence of ureteral obstruction with coexisting hydronephrosis in the presence of prostate cancer.

We present the case of a male with a casual diagnosis of isolated peritoneal carcinomatosis secondary to unknown prostate cancer, in the absence of bone metastases. Furthermore, given the radiological characteristics of the urinary tract, we suspect a ureteral metastases secondary to prostate cancer, which would be the second case published to date, as far as we know, of peritoneal and ureteral metastases due to prostate cancer.

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