Case Report

RETROBULBAR MASS ASSOCIATED WITH PROSTATE CARCINOMA

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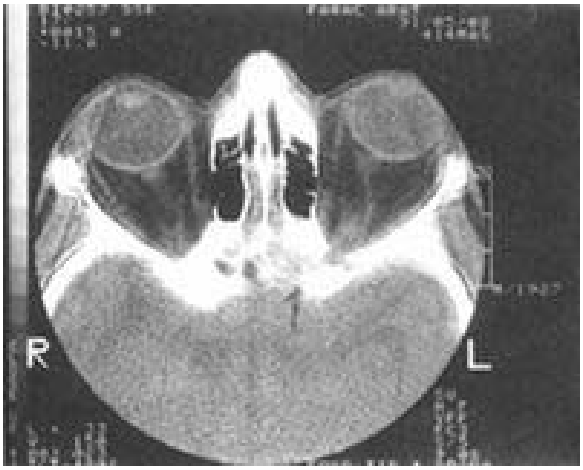
Prostatic carcinoma is the most common malignancy after lung carcinoma. Commonly it metastasizes early to the bones and produces local urethral obstruction with subsequent renal damage (1). The prostatic tissue is rich in acide phosphatase, and the serum acide phosphatase increases when cancer extends beyond the periprostatic tissue or to the bone. The serum acide phosphatase therefore provides a good index of extension and growth of the tumor.

We present here a case with retrobulbar metastases of prostate carcinoma as the first symptom of the case.

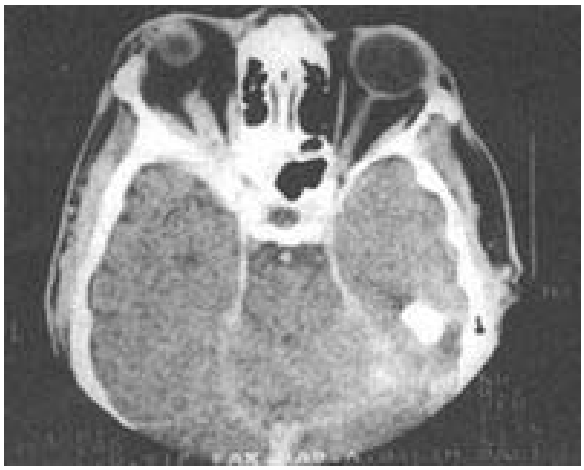
CASE REPORT

A 60 year-old man was admitted to another hospital 4 months ago, because of dyplopia and exophtalmus of his left eye when he had no prostatic symptoms. 2 months later he felt a backache and which continued progressively, and finally the patient was referred to our hospital for further evaluation.

Photograph 1.



Photograph 2.



Physical examination revealed that fever was 36.8°C, pulse 76/min, BP: 130/80 mmHg. Except for the exophtalmus and pallor, there were no pathologic findings. During his clinical course, he suffered from a pain on his lumbar region and both lower extremities.

LABORATORY FINDINGS

Hct: 32%, WBC: 7600/cumm, platelets 234000/cumm, erythrocyte sedimentation rate: 48 mm/h, Ca: 2 mg/dl, 4.3 mg/dl, acide phosphatase: 119 IU (N: 0-9 IU). Computerized orbital tomography showed a retrobulbar tumoral mass invading ethmoid sinuses and foramen opticum on the left orbital fossa (Figures 1-3). Abdominal ultrasonographic examination was normal.

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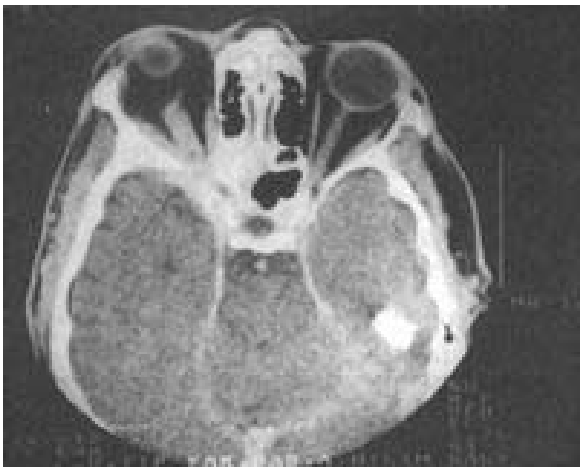
Photograph 3.



Tc99m bone scintigraphy showed multiple metastases including pelvic bones, ribs and lower extremities.

Computerized pelvic tomography showed that the prostate was increased in size but its capsule was intact. In spite of intact prostate capsule, transurethral resection was performed due to the high level of prostatic acide phosphatase. Biopsy specimen was evaluated as prostatic adenocarcinoma.

COMMENT

Prevailing presenting symptoms of prostate carcinoma are prostatism, low back pain, anemia and pathological fractures (6). Other rare clinical presentation symptoms of prostate carcinoma reported in literature are inferior vena caval obstruction (2), cord compression (3), chylothorax (4) and rectal obstruction (5). We have not encountered any retrobulbar metastatic depositions of prostate carcinoma recorded in the literature.

The patient presented here however initially applied to an ophthalmologist complaining of dyplopia. Therefore this case is interesting with respect to ophthalmic symptoms of retrobulbar metastases as the presenting complaints of the disease.

The patient presented here is important from the point of differential diagnosis of retrobulbar masses. It should be noted that unusual extra-bulbar pressure symptoms may be produced as prelude to prostate carcinoma.

REFERENCES

1. Badalament RA and Drago JR : Prostate cancer, clinical presentation. Disease-a-month, 37:216-256, 1991.

2. Benderev TV, et al. : Inferior vena cava obstruction of the prostate, role of orchidectomy in treatment Arch Intern Med, 146:598-599, 1986.

3. Iacouou JW, et al. : Cord compression and carcinoma of prostate: Is laminectomy justified? Br J Urol, 57:733-736, 1985.

4. Little NA, et al. : Chylothorax; a rare complication of metastatic prostate carcinoma. J Urol, 134:1215-1217, 1985.

5. Robert RA, et al. : Rectal obstruction by prostatic adenocarcinoma; diagnosis by computerized tomography scan. J Urol, 135:137-139, 1986.

6. Ruggiero RP et al. : Rectal involvement by carcinoma of the prostate. Am J Gastroenter, 81:372-374, 1968.

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