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Key Words
Prostatic adenocarcinoma
Gleason score
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ABSTRACT

A 71-year-old male presented a natural course of high-grade, high-stage prostate adenocarcinoma. He was found to have prostate adenocarcinoma due to metastatic cervical lymph node, osteoblastic bone lesions, anemia, and multiple pathological fractures related to distant metastases of bones. No obvious symptom of lower urinary tract was noted. Transrectal prostatic needle biopsy revealed high-grade prostatic adenocarcinoma (Gleason score 5+4=9). The patient ran a dismal course about one year and three months. An autopsy was performed. The cause of death was thought to be multiple and systemic metastasis of the prostatic adenocarcinoma and compromised circulatory condition.

PRESENTATION OF CASE

A 71-year-old man presented a left cervical lump about 2.5 × 2.5 cm in size and visited our ENT OPD. Tracing his history back about 1 year, we discovered that he had been admitted to our hospital due to left facial palsy for 1 week. He had also suffered from tinnitus for several years, soreness and weakness of the right leg for about 4 months. During this admission, diabetes mellitus and left serous otitis media were noted. Normocytic normochromic anemia was also found. The serum level of alkaline phosphatase was elevated (678 U/L) but the cause was undetermined during the period of this admission. After discharge, he was bothered by persistent tinnitus, frequency of voiding, nocturia, and progressive lumbago. Then a left cervical mass was noted by the patient himself, and the ENT doctor saw nothing except a cervical mass in the neck in the OPD. Due to a suspicious metastatic lesion of the cervical lymph node, routine check-up for the primary site was planned, but the patient did not return for follow-up.

He was admitted to our hospital again via the emergency room due to falling from the bed when he was going to the toilet in the early morning 2 months later. In the emergency room, the physical examination revealed clear consciousness, low body temperature (31.8 °C), pale conjunctiva, low blood pressure (86/46 mmHg), cervical lymphadenopathy, and multiple fractures in the right humerus and the left femoral trochanteric area. The laboratory data displayed severe anemia, leukocytosis, and severe thrombocytopenia (Table 1). The urine routine revealed the presence of glucose (2+). The biochemical study showed elevated blood sugar level, low albumin level, and high alkaline phosphatase level (Table 2). The chest P-A film revealed multiple pulmonary nodules and osteoblastic bone changes. Under the impression of right lower lobe pneumonia, pleural effusion, multiple fractures, and anemia, he was admitted to MICU. The blood culture and culture and biochemical study of the slightly bloody pleural effusion were done. There

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