

osteoblastic lesions in the thoracic spine, and ribs, and rib deformity in the chest P-A film (Fig. 1). Right humerus and left femoral intertrochanter fractures were seen, accompanied by osteoblastic lesions. The image study was highly suggestive of metastatic cancer. Metastatic cancer of bones can present as osteolytic, osteoblastic, or a mixture pattern. In a man, metastatic prostate cancer should be considered first in osteoblastic lesion, as primary breast cancer in a woman. In addition, seminoma and neurogenic tumors are also among the differential diagnoses in osteoblastic metastasis.

Carcinoma of the prostate is the most common

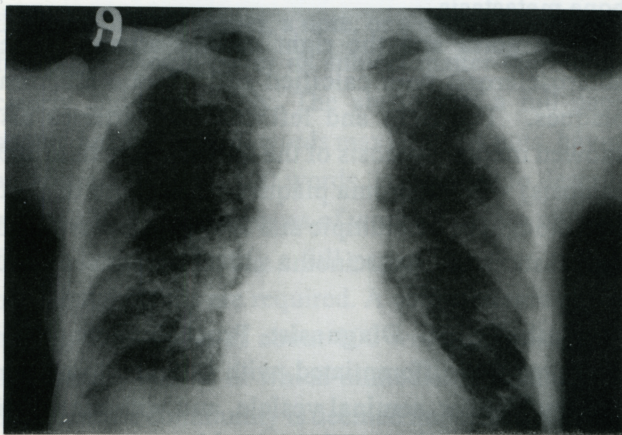


Fig. 1. Chest P-A film revealing multiple and bilateral lung nodules.

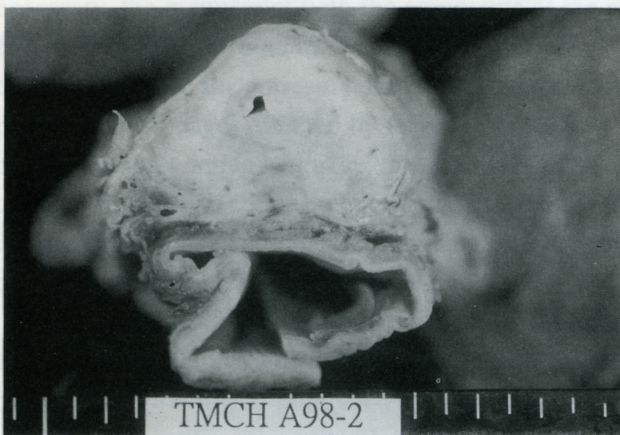


Fig. 2. Gross appearance of the prostate showing total replacement by a firm ill-defined whitish tumor with extension to rectum.

malignancy among men in the United States. In Taiwan, the incidence of prostatic carcinoma is also gradually increasing. Androgen plays an important role in the development of prostatic carcinoma. The digital rectal examination is a practical and efficient method for the detection of prostatic cancer. Transrectal sonography and prostatic biopsy are also good tools. Small needle biopsy has high sensitivity for detection of the carcinoma, especially for a high-grade lesion. Serum PSA level is a rather sensitive and specific marker for prostate carcinoma. The natural course in patients with prostatic carcinoma is influenced by several factors such as age, stage and grade of the carcinoma, etc. Generally, patients with low-stage, low-grade prostatic cancer with or without treatment have a good prognosis, and patients with high-stage, high-grade prostatic cancer have a poor prognosis regardless of therapy. In intermediate stage and grade cancers, having or not having treatment greatly influences the prognosis. The majority of prostatic cancers are found by routine digital rectal examination. Occasionally, the cancer is found in transurethraly resected prostatic tissue fragments for nodular hyperplasia. Except in an advanced stage, rare cases present bladder outlet obstruction. Patients with bone metastasis are usually asymptomatic. Pathological fracture may be a presenting sign in cases with bone metastasis. Prostatic cancer easily invades beyond the prostate capsule and extends to the seminal vesicles and occasionally to the rectum. The most common metastatic sites are bones and lymph

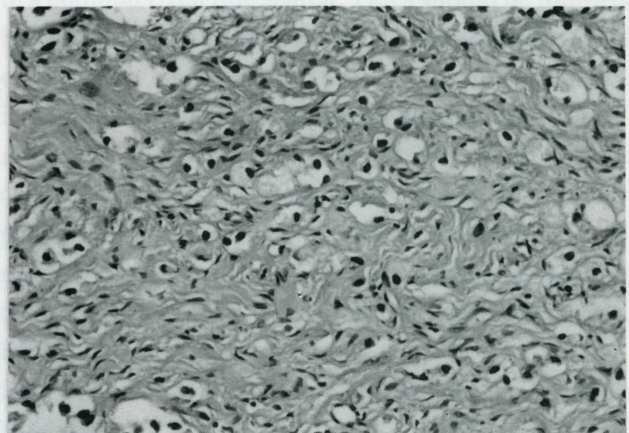


Fig. 3. Poorly differentiated adenocarcinoma of the prostate in a single cell-infiltrating pattern.