

(21303) - LARGE RECTAL MASS AS A MANIFESTATION OF METASTATIC PROSTATE ADENOCARCINOMA

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Introduction:

In Portugal, prostatic adenocarcinoma is the most prevalent cancer in men. Although prostatic neoplasm exhibits a slow growth, it commonly metastasizes to the bone, especially the axial skeleton, followed by lung and liver. Despite anatomical proximity, rectal invasion has been sparsely documented in the literature.

Aim:

Our main objective is to report a rare cause of low gastrointestinal bleeding and to enhance the significance of interpreting endoscopic images in accordance with clinical findings.

Case report:

An 88-year-old man presented to the emergency department with a 1-month history of rectal bleeding and pain, exacerbated by defecation. He also described asthenia and non-quantifiable weight loss. The physical examination revealed an irregular, softened, voluminous mass on the anterior surface of the rectum. The laboratory workup did not exhibit relevant changes: hemoglobin level of 13.2 g/dL. Within the previous two months, he was diagnosed with acute prostatitis and developed three episodes of urinary retention, which motivated the placement of chronic urinary catheter. His past medical history included benign prostatic hyperplasia and myocardial infarction nine years before, medicated with aspirin since then. An urgent rectosigmoidoscopy demonstrated a voluminous extrinsic compression on the anterior surface of the rectum, with multiple superficial ulcers and self-limited

bleeding. There was a clear transition to normal mucosa, indicating probable infiltration by an adjacent structure (photo). The patient underwent a pelvic ultrasound that showed a 10-cm- sized hypoechoic and heterogeneous prostatic gland. One month later, a transrectal ultrasound-guided biopsy was performed and histologic examination revealed infiltration by an acinar prostatic adenocarcinoma (Gleason score 5+5). On immunohistochemical study the tumor cells were highly positive for PSA and NKX3.1.

Relevance:

This case report illustrates an endoscopic image related to a mucosal pattern resulting from metastatic prostate adenocarcinoma. Although it is a rare entity in colorectal practice, it should be included in the differential diagnosis of a rectal mass, to prevent misdiagnoses. Therefore, reporting such cases is of the utmost importance. This case report is accompanied by detailed iconography.

Palavras-chave : rectal mass, low gastrointestinal bleeding