Common digestive symptoms as rare presentation of a prostatic cancer

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Introduction: Weight loss and fatigue are frequent symptoms as are dysphagia and vomiting. Looking for diagnosis, one would think first about gastric or oesophageal pathology. Combined with abdominal mass, upper abdominal cancer would be a good main hypothesis. We describe here a case of prostatic cancer in a healthy patient showing no urinary symptoms.

Case description: A 54-year-old man, without medical history, is admitted to the ER for weight loss, fatigue, dysphagia to solids and precocious postprandial vomiting that begun a month ago. Weight loss reaches about 10kg. Clinical examination shows multiple pulseless hard abdominal masses, larger than 5cm and discrete lower limbs oedema. Peripheral pulses are present and symmetrical. Blood analysis reveals severe anemia (Hb 5.6g/dl), kidney failure (creatinine 1.7mg/dl, GFR 40ml.min-1), increase in LDH (400UI/ml) and lactate (4.4mmol/l) levels. Blood transfusion and IV-hydration restore Hb-level to 9.2g/dl but do not correct lactatemia or kidney failure. Abdominal CT (figure 1A-1B) confirms multiple tumors as being retro-peritoneal lymph nodes reaching sizes up to 10cm, along with a bilateral ureterohydronephrosis due to compression. Prostate is irregular and numerous sclerotic bone metastases of the spine are showed. PSA level is 16033ng/l (nl < 5).

Results: A prostatic adenocarcinoma is confirmed by lymph node biopsy. Scans (figure 2A-2B) done 40 days after introduction of Degarelix (GnRH antagonist) show a major decrease in tumor volume (465%). No chemotherapy was initiated due to lack of follow-up from the patient. PSA level is then 40ng/l. Anemia stays non-regenerative due to bone marrow involvement. Clinical symptoms resolved.

Implantation of penile prosthesis (3-piece inflatable) for erectile dysfunction in a patient with left orchiectomy for left undescended testis: A cosmetic approach

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Erectile dysfunction (ED) results from various functional and organic causes. Its management has always been a challenge to urologists and other physicians. After failing to respond to medical and intracorporal injections, patients might resort to surgical penile prosthesis implants to improve their sexual performance. Apart from functional outcome, cosmetic results also concern such patients. Cosmetic is also affected in patients with undescended testis or those who underwent an orchietomy. We discuss the case of a diabetic 59-year-old gentleman with a left undescended testis who was receiving medical treatment for longstanding ED with unsatisfactory results of recent. The patient was counseled appropriately and his medical conditions were optimized prior to any possible surgical intervention. A planned laparoscopic orchietomy was followed 5 months later by implantation of a 3-piece penile prosthesis device, with successfully placing the pump in a fashioned dartos pouch in the empty left hemiscrotum, attaining both