NEUROENDOCRINE PROSTATE TUMOR WITH PULMONARY METASTASIS AND CARCINOID SYNDROME – CASE REPORT

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Case report

Male patient, 66 years old, acessed the Urology service in January 2016 presenting urinary complaints, associated to elevated prostate specific antigen and imaging tests showing increased prostatic volume. After confirmation of prostatic adenocarcinoma diagnosis, it was initiated a combined treatment of radical prostatectomy, adjuvant therapy and radiotherapy, associated with androgen suppression therapy using Gosserelin. After 8 months of treatment, the patient evolved into carcinoid syndrome. Computed Tomography exhibited an expansive formation in the left pulmonary lobe, and confirmed metastasis neuroendocrine tumor (NET), with pattern of large cells, after the biopsy and immunohistochemistry. Chemotherapy associating Cisplatin and Irinotecan was performed for six cycles, with improvement of the condition, while maintaining androgen deprivation therapy. Currently patient presents good general health.

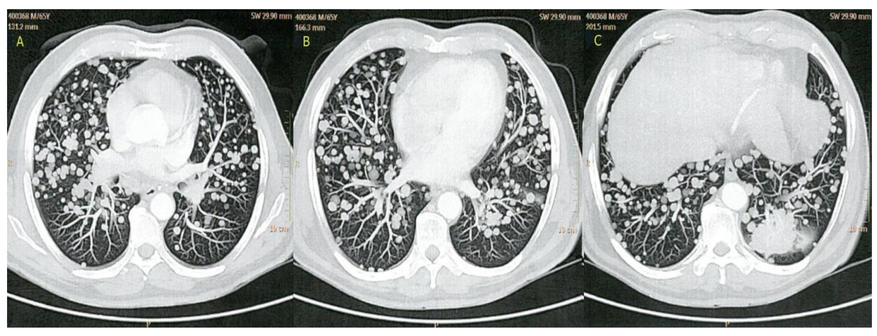

Fig. 1: 1A and 1B: multiple nodular images, distributed in both lungs. Figure 1C: voluminous expansive formation in left posterior basal segment.

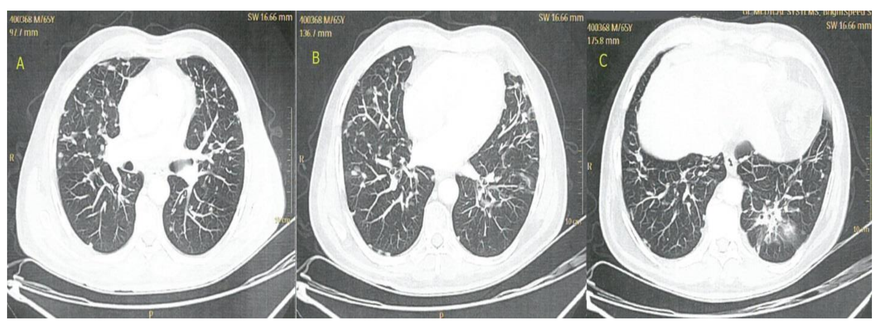

Fig. 2: 2A, 2B and 2C: reduction of nodular images bilaterally and left expansive formation

Discussion

Among NET cancers of prostate, which correspond to aproximately 0.35 cases per million per year, small cell is the most common type. Prostate cancer with pulmonary metastasis that develops neuroendocrine differentiation is even rarer. The occurrence of carcinoid syndrome in patients with neuroendocrine neoplasia of the genitourinary tract, for example, is less than 10% of the cases. A study carried out with the North American population evidenced the occurrence of carcinoid syndrome in 19% of patients with NETs, and in this population being more frequent in females and in primary site, which differs from the case reported, since the condition was originated in a secondary site and in a male patient. In this case, the therapy adopting the use of Irinotecan and platinum was in compliance with the literature, which affirms the efficacy of platinum-based chemotherapy in NETs with a pattern of large cells. In a retrospective analysis performed in the Japanese population, this treatment demonstrated a 50% response rate in patients with undifferentiated metastatic tumors, showing results slightly higher than the second treatment option, using etoposide rather than irinotecan, which is still a feasible therapeutic alternative.

Conclusion

Platin therapy plus irinotecan has been shown to be a good alternative for the management of carcinoid syndrome in a neuroendocrine prostate tumor, suggesting a good response to these cases, and further studies are needed to corroborate this finding.