

# NEUROENDOCRINE PROSTATE CANCER: CASE REPORT

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## INTRODUCTION

Neuroendocrine prostate cancer (NEPC) is a lethal form of prostate cancer. Small cell carcinoma is rare and it is the histological type of prostate cancer with high proliferation rate and more aggressive phenotype.

## CASE REPORT

A 65 years-old man presented with symptoms of non-urge incontinence, pollakiuria and urinary dysfunction for five months. Four months ago he presented with moderate low back pain and got better with Cycloxygenase-2 Inhibitors Nonsteroid Anti-Inflammatory Drugs. At the time of the first medical evaluation he presented with sweating, weakness, weight loss and erectile dysfunction. His prostate-specific antigen was 263,70 ng/ml. Abdominal computed tomography: advanced prostate cancer with bladder invasion, more urethral ostium and anterior serosa of the rectum. Adenomegaly is the iliac, inguinal, periorbital and pericaval The diagnosis of small cell carcinoma of prostate was confirmed by anatomopathological examination. Cisplatin and etoposide combination chemotherapy was given for four courses and the patient improved his clinical condition and his PSA level decreased. Currently, the patient has finished the treatment and continues with Zoladex.

## DISCUSSION

Second WHO, 2016, small cell neuroendocrine carcinoma is rare. NEPC can be observed at the development of resistance to androgen deprivation therapy.

In localized disease, proportion of neuroendocrine differentiation confers adverse prognosis independent of gleason and tumor stage. Therefore, small cell carcinoma is a phenotype that displays relative resistance to androgen receptor signaling inhibition and necessitates initiation of cytotoxic chemotherapy early in the treatment course. Frequently presents with symptoms related to locally invasive or metastatic disease are: bowel or bladder invasion, hydronephrosis, visceral metastatic disease, paraneoplastic syndrome. Although the clinical features may be suggestive of NEPC, how high PSA > 4 ng/ml, elevated serum marks of neuroendocrine differentiation, visceral metastatic disease. The diagnosis is currently remains histopathological and the prognosis is poor. Pure small cell carcinoma is frequently treated with platinum more etoposide; in cases of miscellaneous adenocarcinoma with differentiation neuroendocrine, can be used only docetaxel or carboplatin plus docetaxel.

## CONCLUSION

Small cell carcinoma is rare. The diagnosis is histopathological. Distant relapse is common often as visceral metastases.

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