CASE REPORT

Primary Prostate Lymphoma Managed with Combined Modality Treatment: A Case Report

Anya Jafari*, Bahram Mofid ¹, Ali Tabibi ², Farid Kowsari ³

Prostate cancer is one of the most common malignancies in men; the main reported pathology is adenocarcinoma while there are few published cases of prostate lymphoma. There is not enough data regarding the natural history and best management of prostate lymphoma. In this paper, we have described a case of prostate lymphoma that managed with combined modality treatment and have survived for three years.

Keywords: prostate lymphoma; R-CHOP regimen; diffuse large B cell lymphoma

INTRODUCTION

One of the rare pathologic entities in prostate cancers is lymphoma (1). Diffuse large B cell lymphoma (DLBCL) is the most common reported primary lymphoma in prostate (2, 3, 4), with no proved standard management.

CASE REPORT

We describe a man at the age of 71, who was complaining of hematuria and dysuria for three months. Familial
history was unremarkable. In his past medical history, diabetes mellitus was mentioned. He had no fever, night sweats or weight loss (B symptoms). Physical examination didn’t reveal any abnormal finding except of diffusely enlarged prostate during digital rectal examination. His serum PSA, LDH and ESR were 2.1 ng/ml, 263U/L and 24 (mm/hr) respectively. Other laboratory tests were normal. Thoracic and abdominopelvic CT-scan showed a huge mass at the bottom of the bladder and an enlarged prostate with some nonspecific lymph nodes on external iliac veins. With a clinical diagnosis of bladder or prostate malignancies, he underwent cystoscopy, that showed inflamed, obstructive prostatic urethra with active bleeding and normal bladder, some biopsies were taken. Microscopic and immunohistochemical (IHC) features confirmed the diagnosis of DLBCL with positive IHC staining for LCA, CD20, BCL6 and negative staining for CD3, CD34, cytokeratin and NSE (Figure 1). Pathologic examination of bone marrow specimen was normal. The patient was treated by R-CHOP chemotherapy regimen at radiation oncology ward. Hematuria and dysuria were diminished at the end of second cycle. Then, he underwent whole pelvic radiotherapy (50 Gy) after eight cycle chemotherapy and was followed up for three years until now. According to a recent thoracic and abdominopelvic imaging that showed only abnormality in prostate, his serum PSA, LDH and ESR were 2.1 ng/ml, 126U/L and 16 (mm/hr) respectively. Other laboratory tests were normal. Thoracic and abdominopelvic CT-scan didn’t reveal any abnormal finding except of diffuse enlargement of prostate. Hematuria and dysuria were diminished at the end of second cycle. Then, he underwent whole pelvic radiotherapy (50 Gy) after eight cycle chemotherapy and was followed up for three years until now. According to a recent thoracic and abdominopelvic imaging, he didn’t have any abnormal finding except of diffuse enlargement of prostate. Other laboratory tests were normal. Finally, it should always be noticed that prostate lymphoma should be in differential diagnosis of prostate neoplasms and combination chemotherapy and radiotherapy after biopsy could provide long-term survival.

REFERENCES


