

# CASE PRESENTATION

A 82 year old man presented with c/o backache and pain in both the sides of lower ribs since 1 ½ years. Initially managed with analgesics, but the pain did not subside. His past medical history was unremarkable.

His physical examination was normal .

DRE – Normal .

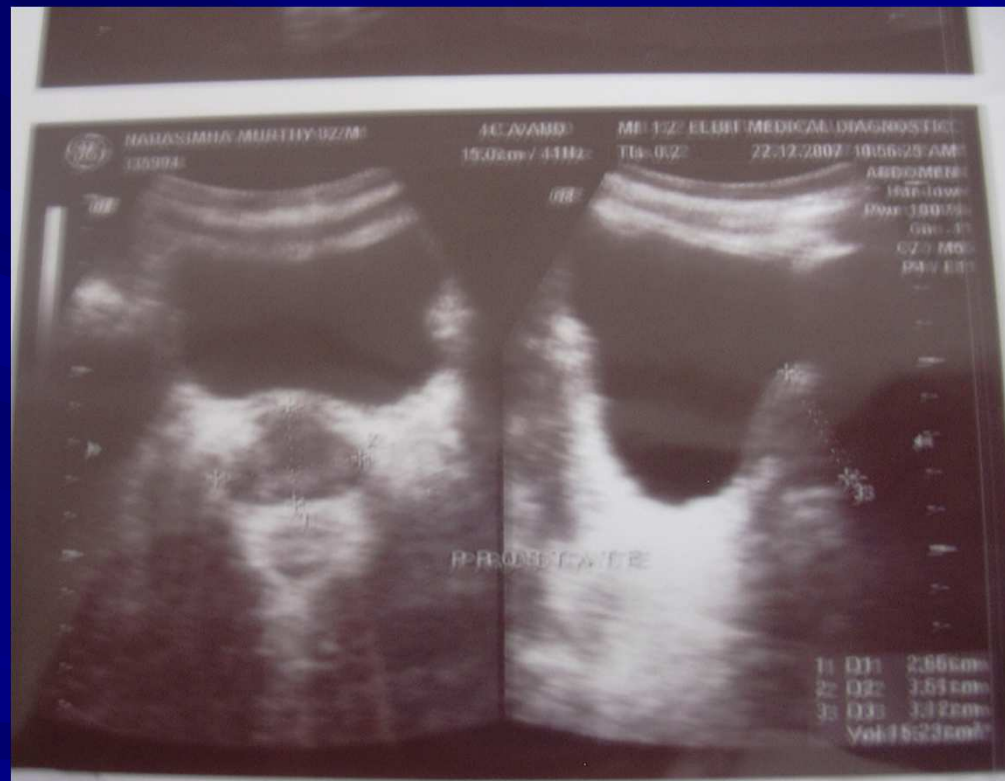
# Laboratory Studies

CBC – WNL

PSA (29/5/07) – 679.21 ng/ml

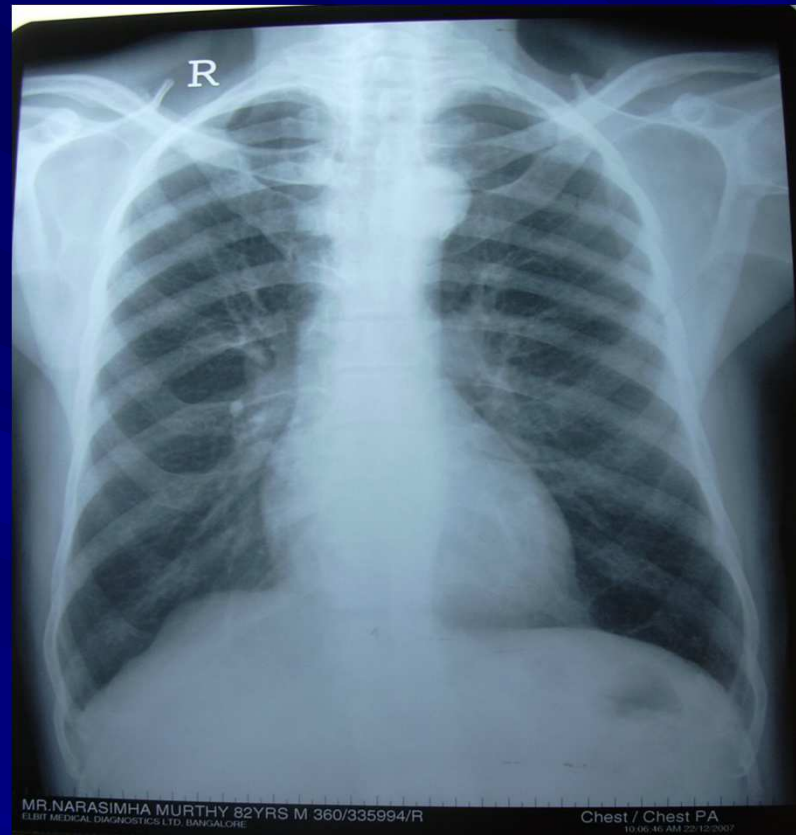
# Imaging Studies

## Ultrasound (10/5/07)



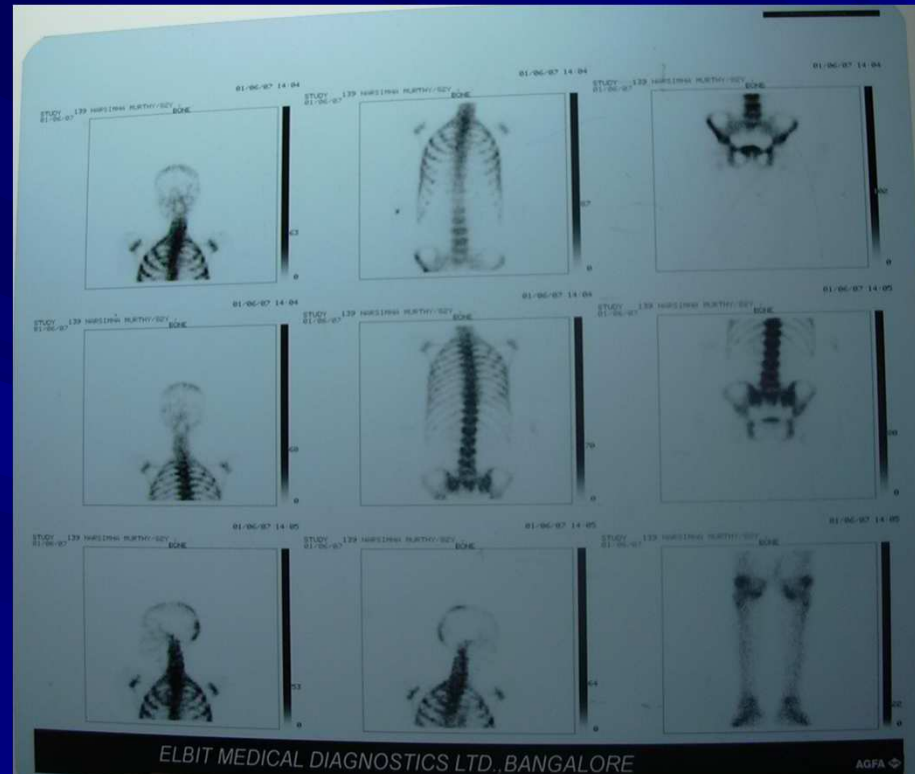
Normal study, prostate normal in size and echo texture

# Chest X-Ray



Normal Study

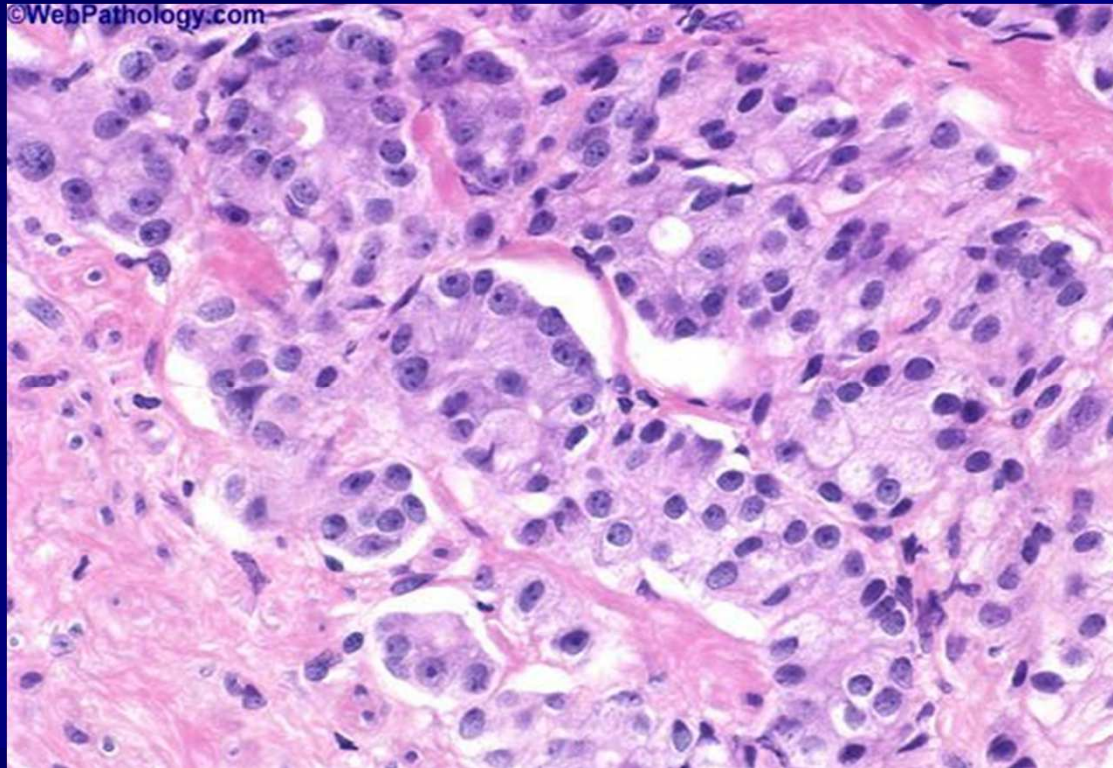
# Bone scan (1/6/07)



Multiple areas of abnormal increase in tracer uptake over the entire skeleton.  
**SUPERSCAN** like appearance.



## Prostate Biopsy (2/6/07)



Adenocarcinoma, Moderately differentiated, Gleason's score – 4+4

# Diagnosis

Carcinoma prostate

T1c Nx M1b

Stage IV



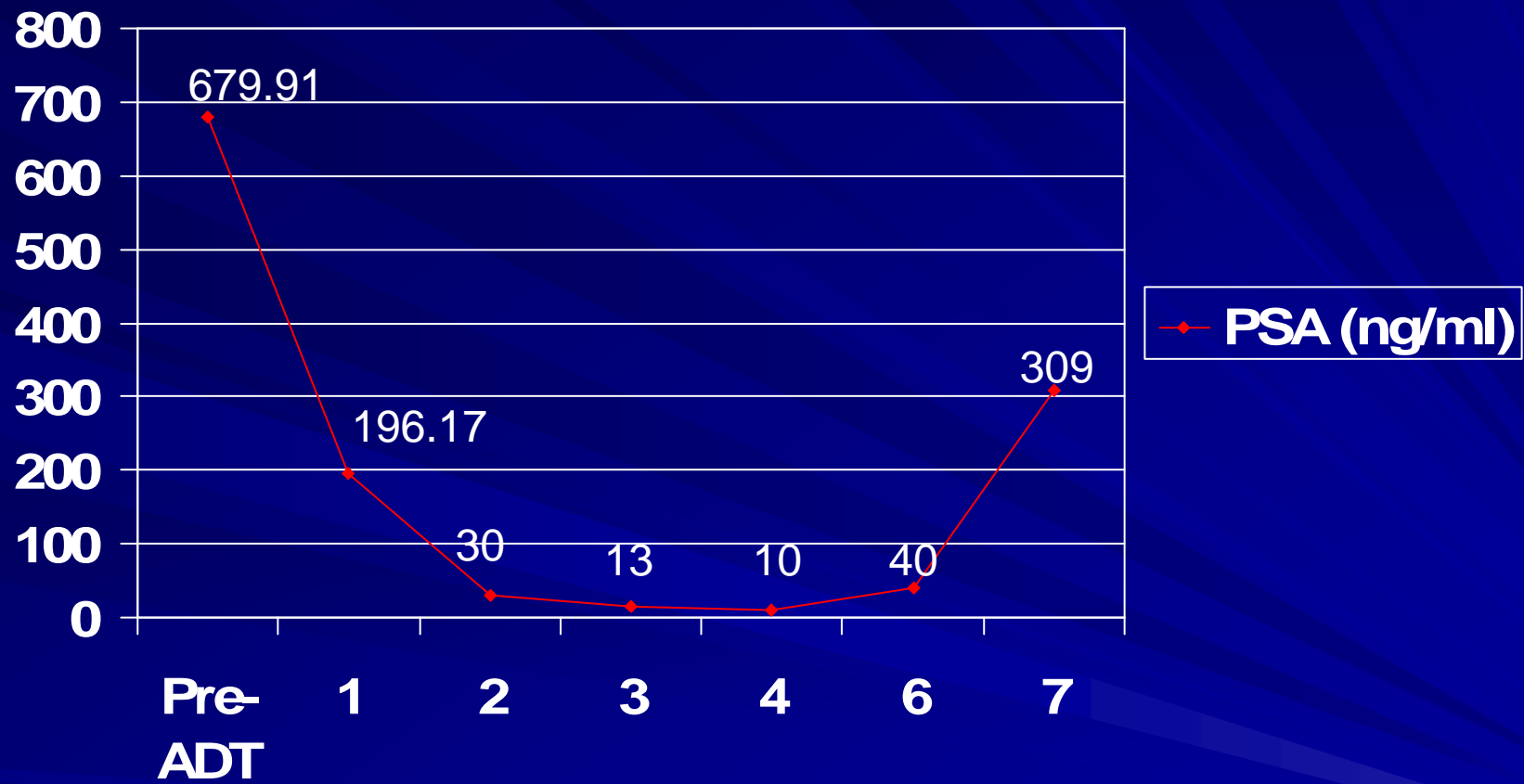
# Treatment

Androgen deprivation therapy

Patient was taken up for B/L Orchiectomy  
(13/6/07)

He was started on T.Bicalutamide 50 mg

Follow Up ?



Patient had recurrence of backache, and it was very sever.

PSA – 309 ng/ml (2/1/08)

Hormone resistant prostate cancer.

Any role if investigations at this point of time ?

# Bone Scan



Multiple areas of abnormal uptake over the entire skeleton **SUPERSCAN**

# MRI (24/1/8)



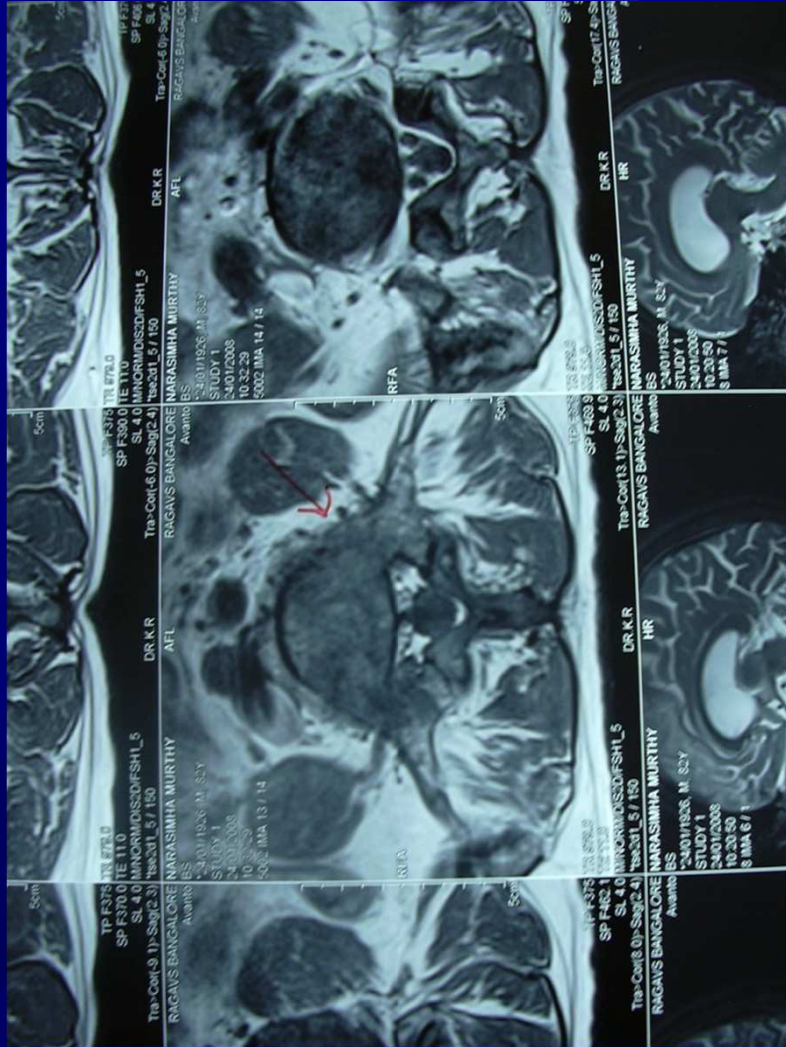
Vertebral marrow  
appears  
heterogeneous  
in signals.

T1 weighted –  
Hypo intense  
T2 – Hypo/Hyper  
intense

Imp – Vertebral  
mets.







# Line of Management ?

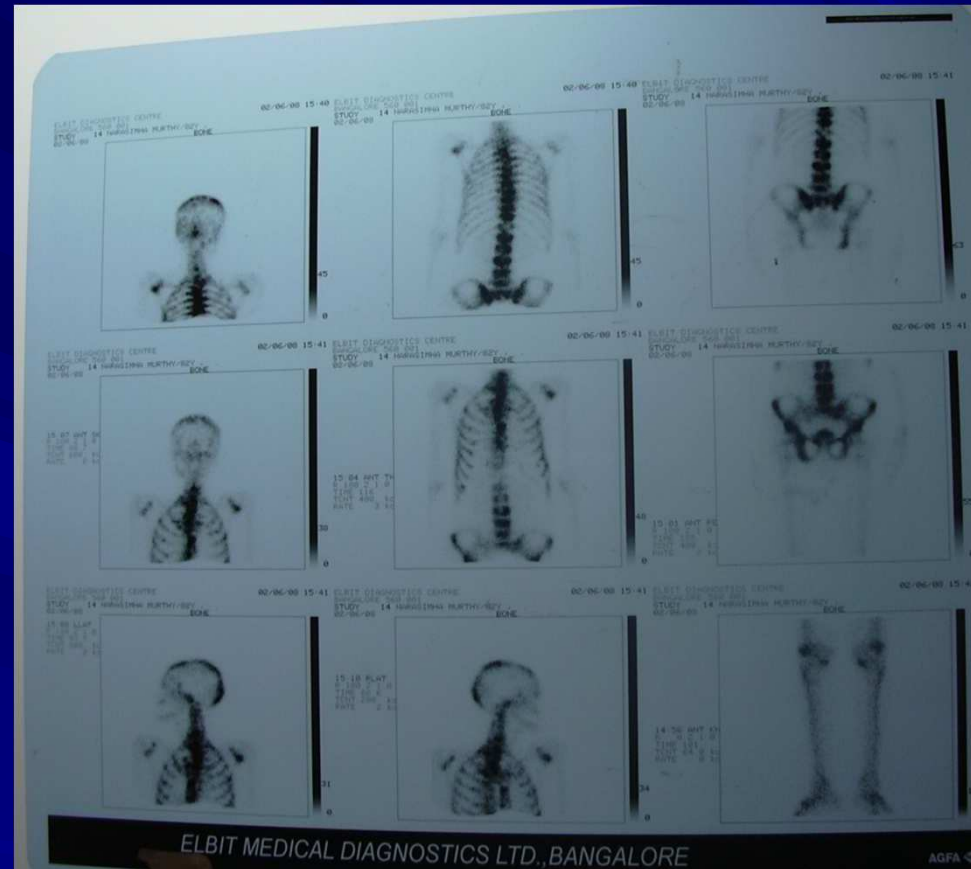
## Systemic therapy

Inj Docetaxel (75 mg/m<sup>2</sup> ) 3 cycles , once in 21days.

Inj Zolendronic acid 4 mg , 3 cycles , once in 21 days.

T.Bicalutamide was stopped.

## Bone Scan (2/6/08)



Multiple areas of abnormal uptake over the entire skeleton **SUPERSCAN (Worsening compared to previous scan)**

What next ?

Patient is started on External RT on LINAC with palliative intent to thoracic spine to a dose of 3000cGy/10fr/5fr/week.



THANK  
YOU