

Introduction

- Among the elderly, large bowel obstruction is often caused by colorectal cancer.
- Prostate cancer progresses insidiously since it is slow-growing, can be asymptomatic, and may be initially missed.¹
- Prostate cancer infrequently involves the rectum.

Case Description

- A 72-year-old male presented with new-onset lower abdominal pain, hematuria, and constipation, with last reported bowel movement occurring two weeks ago.
- Previous bowel movements were described as small caliber, black, and blood-streaked.
- He endorsed an 80-pound unintentional weight loss over six months that was unsuccessfully treated with appetite stimulants.
- Pertinent physical exam findings included mild lower abdominal tenderness.
- Past medical history was significant for metastatic prostate cancer managed with abiraterone acetate, prednisone, and megestrol.
- Surgical history revealed prostatectomy.
- Computer tomography displayed mild periaortic retroperitoneal lymph node involvement and multiple, widespread sclerotic bony foci. Circumferential thickening of the rectum was also appreciated (figure A).
- The nurse was unable to place an enema in the rectum due to pain. Digital rectal exam was performed, which revealed hard stool in the rectal vault requiring disimpaction. Subsequent endoscopy found abnormal rectal mucosa below the first valve of Houston (figure B) and hard stools in the rectum and sigmoid colon.
- Pathological examination of the rectal biopsies revealed fibrotic stroma with areas of ulceration that were positive for AE1/AE3 and PSA and negative for CMV, CDX-2, synaptophysin, and CD56. The KiH7 index was greater than 90%. Pathology was suggestive of prostatic origin (figures C and D).
- The patient elected to receive hospice care and expired soon thereafter.

Imaging and Pathology

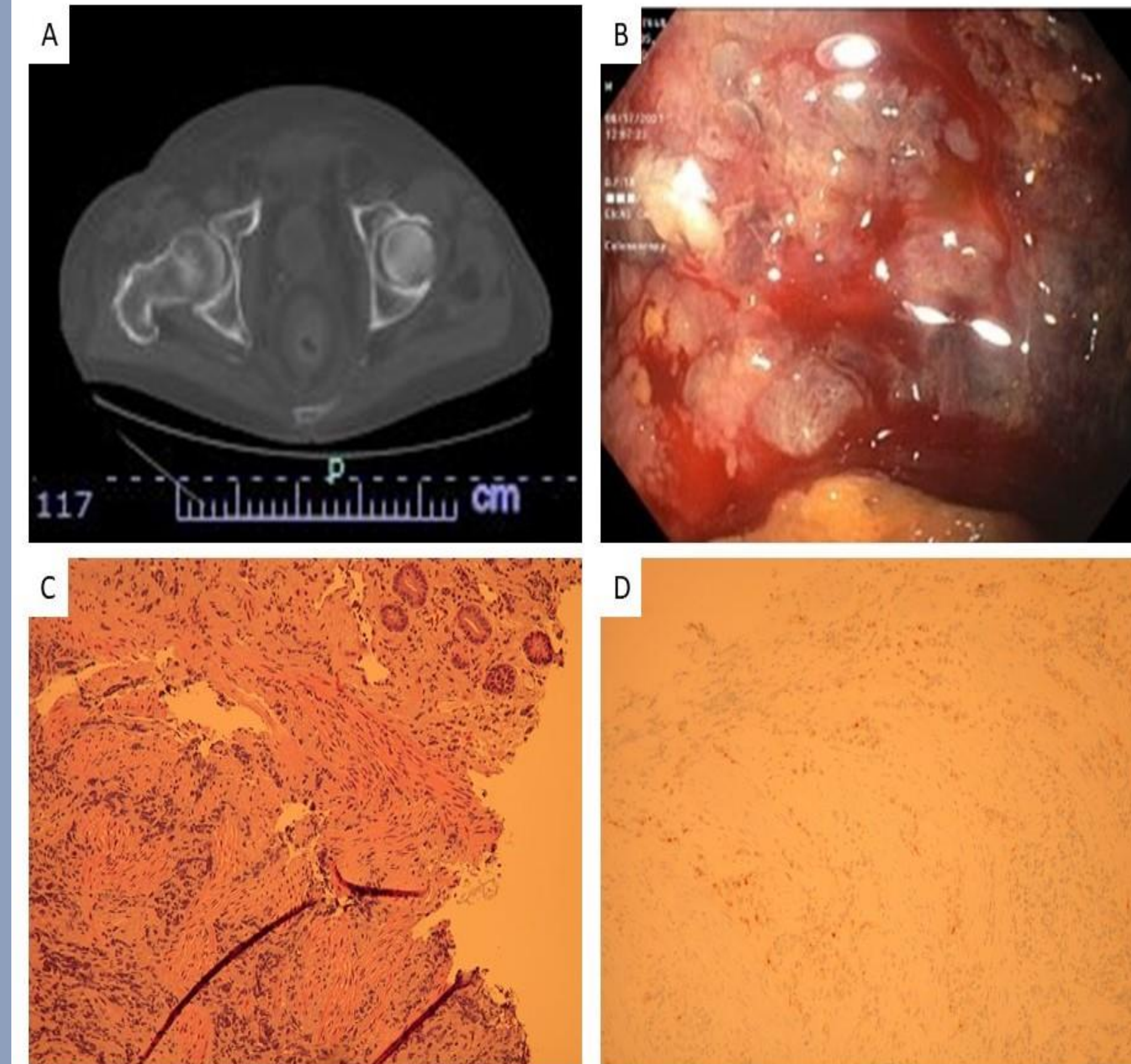


Figure (A) depicts circumferential thickening of the rectum on CT and (B) a rectal ulcerative lesion on colonoscopy.

Figure (C) and (D) represent the H&E and PSA staining results, respectively, which confirm the diagnosis of metastatic prostate cancer.

Discussion

- Prostate cancer can invade the rectum through lymphatic involvement, direct invasion, or seeding status post needle biopsy.
- It is crucial to consider prostatic rectal metastases when seeing patients with new-onset gastrointestinal symptoms and a history of advanced prostate cancer.

References

1. Roberts MJ, Teloken P, Chambers SK, et al. Prostate Cancer Detection. In: Feingold KR, Anawalt B, Boyce A, et al., eds. Endotext. South Dartmouth (MA): MDText.com, Inc.; June 11, 2018.