Oncology and Cancer Case Reports

Wang, Oncol Cancer Case Rep 2016,2:3

Image Article Open Access

# Metastatic Prostate Cancer Masquerading as a Primary Sinus Tumor

**Jue Wang***

*University of Arizona Cancer Center at Dignity Health, St. Joseph's Hospital and Medical Center, Phoenix, USA*

**Keywords:** Prostate cancer; Cranial metastases; Magnetic resonance imaging

## Case Blog

Advanced prostate cancer commonly manifest with obstructive uropathy, regional lymphatic and axial skeleton metastases. Cranial metastases to the paranasal sinuses are extremely rare [1,2]. A 63-year-old male presented with a three-month history of progressive blurred vison and headache.

A Magnetic resonance imaging (MRI) of head revealed a mass invading the left ethmoid sinus. The patient underwent left endoscopic partial ethmoidectomy and the histopathological examination suggested metastatic adenocarcinoma, with positive staining to prostatic specific antigen (PSA), and prostatic acid phosphatase (PSAP); and negative for CK7, CK20, S100, P63, Ck20, NSE, synaptophysin, neurofilment, TTF-1, GCDFP-15, CD 117, ER and Sox10. A CT scan chest abdomen and pelvis, bone scan showed enlarged prostate with diffuse metastatic lesions to the appendicular and axial skeleton. A total serum prostate specific antigen (PSA) value was 5000 ng/ml. He subsequently reported a history of rising PSA, biopsy was recommended but patient declined. Molecular profiling of tumor showed CDK12, TP53 mutation, MYC amplification, and FH (fumarate hydratase) mutation. He was treated with radiotherapy for total dose of 5040 cGy over 28 fractions and androgen deprivation with dramatic response. One year after diagnosis, the patient is alive with good quality of life.

The current case highlights that prostate cancer should be considered within the differential diagnosis of sinus lesion in elderly patients, even if no urological symptoms are reported. The molecular implication of FH mutation identified in this tumor deserve further investigation (Figure 1).

### References

1. Saleh HA, O'Flynn P, Jones NS (1993) Prostatic metastases in the nose and paranasal sinuses. J Laryngol Otol 107(7): 629-632.

2. McClatchey KD, Lloyd RV, Schaldenbrand JD (1985) Metastatic carcinoma to the sphenoid sinus. Case report and review of the literature. Arch Otorhinolaryngol 241: 219-224.

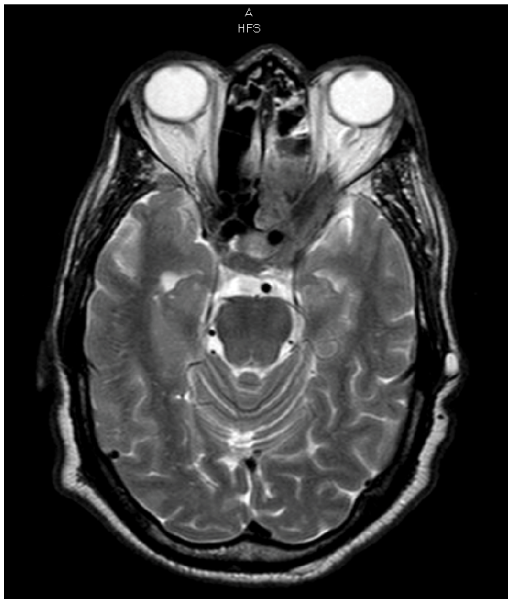


**Figure 1:** Magnetic resonance imaging (MRI) revealed a 4.5 × 4.5 × 3 cm mass invading the left ethmoid sinus.

***Corresponding author:** Jue Wang, University of Arizona Cancer Center at Dignity Health, St. Joseph's Hospital and Medical Center 625 N. 6th St, Phoenix, AZ 85004, USA, Tel: 602-406-8120; E-mail: Jue.Wang@DignityHealth.org

**Received:** September 30, 2016; **Accepted:** September 30, 2016; **Published**: October 02, 2016

**Citation:** Wang J (2016) Metastatic Prostate Cancer Masquerading as a Primary Sinus Tumor . Oncol Cancer Case Rep 2: i101.

**Copyright:** © 2016 Wang J. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.