CASE REPORT

Prostate carcinoma presenting with bulky mediastinal and cervical lymphadenopathy

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DESCRIPTION

A 65-year-old Caucasian man with a high-risk prostatic carcinoma metastatic to the bones and regional pelvic nodes received palliative radiotherapy followed by combined hormonal therapy with leuprolide and bicalutamide only to rapidly progress in a bulky left-sided cervical and mediastinal adenopathy (figures 1–3). Cervical node biopsy was positive for a metastatic prostate carcinoma. He was offered docetaxel and prednisone and experienced a significant decrease in all areas of lymphadenopathy after six cycles and normalisation of his prostate-specific antigen levels (figures 2 and 4).

A supraclavicular or mediastinal presentation in prostate cancer is rare and is usually mistaken for upper aerodigestive or head and neck tumours, and in this case, a lymphoma. When present, cervical nodes are usually left sided though rarely right-sided nodes have also been reported.^{1 2} Access of the tumour cells occur via local spread in the iliac and paraaortic nodes, which then drain into the cisterna chyli, the sac-like structure of the lymphatic system which is located behind the stomach. Cancer cells can then make their way up the lymphatic path, draining into the thoracic duct, and finally into the left subclavian vein.²

Diagnostic investigations are usually directed to non-prostatic sites and treatment is subsequently delayed.

Although distant metastasis in prostate cancer usually suggests a grim prognosis, several cases of prostate cancer spreading to cervical and mediastinal nodes treated with conventional treatment have resulted in complete and durable remission.³

Treatment approach for these patients should be the same as for prostate cancer presenting with bony or visceral metastases.

Figure 2 Cervical adenopathy responding to docetaxel prednisone chemotherapy.

Figure 3 Mediastinal lymphadenopathy prior to docetaxel prednisone chemotherapy.

Figure 1 Enlarged cervical adenopathy prior to docetaxel prednisone chemotherapy.

Figure 4 Mediastinal lymphadenopathy after docetaxel prednisone chemotherapy.

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Learning points

- ▶ Cervical adenopathy when present in prostate cancer is usually left sided, although right-sided cases can also rarely occur.
- ▶ Therapy should be similar to that of prostate cancer presenting with bony or visceral metastasis.
- ▶ Despite the presence of distal nodal spread, patients in good performance status should be offered conventional treatment because these cases can still achieve excellent and durable responses.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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