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Prostatic Stromal Sarcoma: Case Report and Review of the Literature

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Abstract: **Primary prostate sarcomas (PPS) are rare, reportedly comprising just 0.7% of all prostate malignancies. Detailed characteristics of the tumor are still unclear due to its rarity.**
Here, we describe a case of prostatic stromal sarcoma in a 67 years old male who had an abdominal swelling for 9 months and he also suffered from dysuria & constipation for 8 months. And the present study is only the third case to be presented with dysuria & constipation.

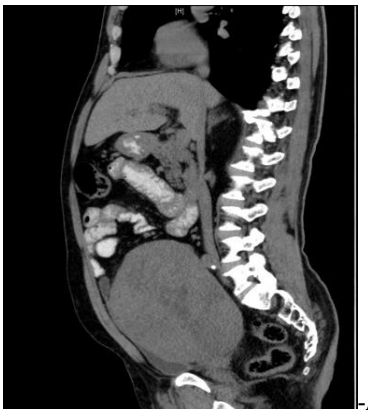
Keywords: **Primary prostate sarcomas (PPS), dysuria & constipation.**

1. BACKGROUND

Prostatic stromal sarcoma (PSS) is a fairly rare tumor,comprising only 0.1-0.2% of all malignant prostate tumors (1). classified PSS into two categories: Prostatic stromal proliferation of uncertain malignant potential and PSS. The etiology and pathogenesis of PSS is currently unknown, and no confirmed risk factors have been identified (1,2).

2. CASE REPORT

This is a 67 years old male who had a previous history of Hypothyrodism and left catarct surgery 1 year earliar. He habitually smoked shisha and had no family history of cancer. He presented to urology department with a history of central abdominal swelling for 9 months. The swelling was central, firm, non-tender, with smooth skin over it. Noticed 9 months earlier and it increased with time. 2 months after the patient developed dysuria & constipation. The serum prostate-specific antigen concentration was 0.6 ng/mL. Computed tomography revealed a prostatic mass lesionn which displeased the bladder inferiorly (Figure 1 a, b, c, d).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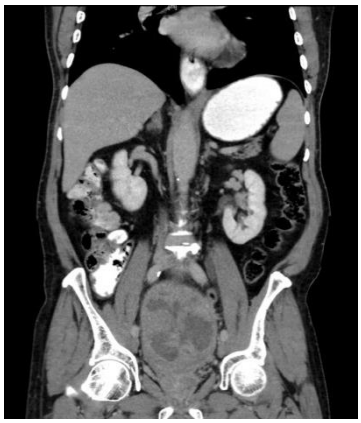
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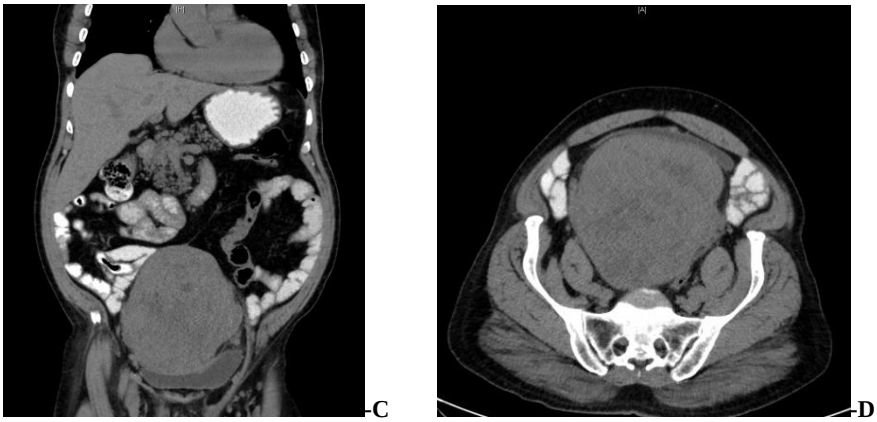

Figure 1. CT revealed a prostatic mass lesion which displeased the bladder inferiorly

MRI was performed, and it revealed a Large well-circumscribed fairly solid enhancing mass and showing markedly restricted diffusion in the rectovesical pouch inseparable from the superior prostate, but showing no invasion of the bladder or rectum. No features to suggest involvement of the ureters. No metastatic spread seen in the abdomen or pelvis. (Figure 2 a, b, c, d).The lesion appears aggressive and it was suspicious for sarcoma / leiomyosarcoma arising from the prostate. transurethral resection of prostate were performed, biopsy showed: Infiltrating poorly differentiated epithelioid neoplasm. Epithelial cells showed weakly focally positive for CKAE1/AE3. the tumor was histologically diagnosed as PSS (4).

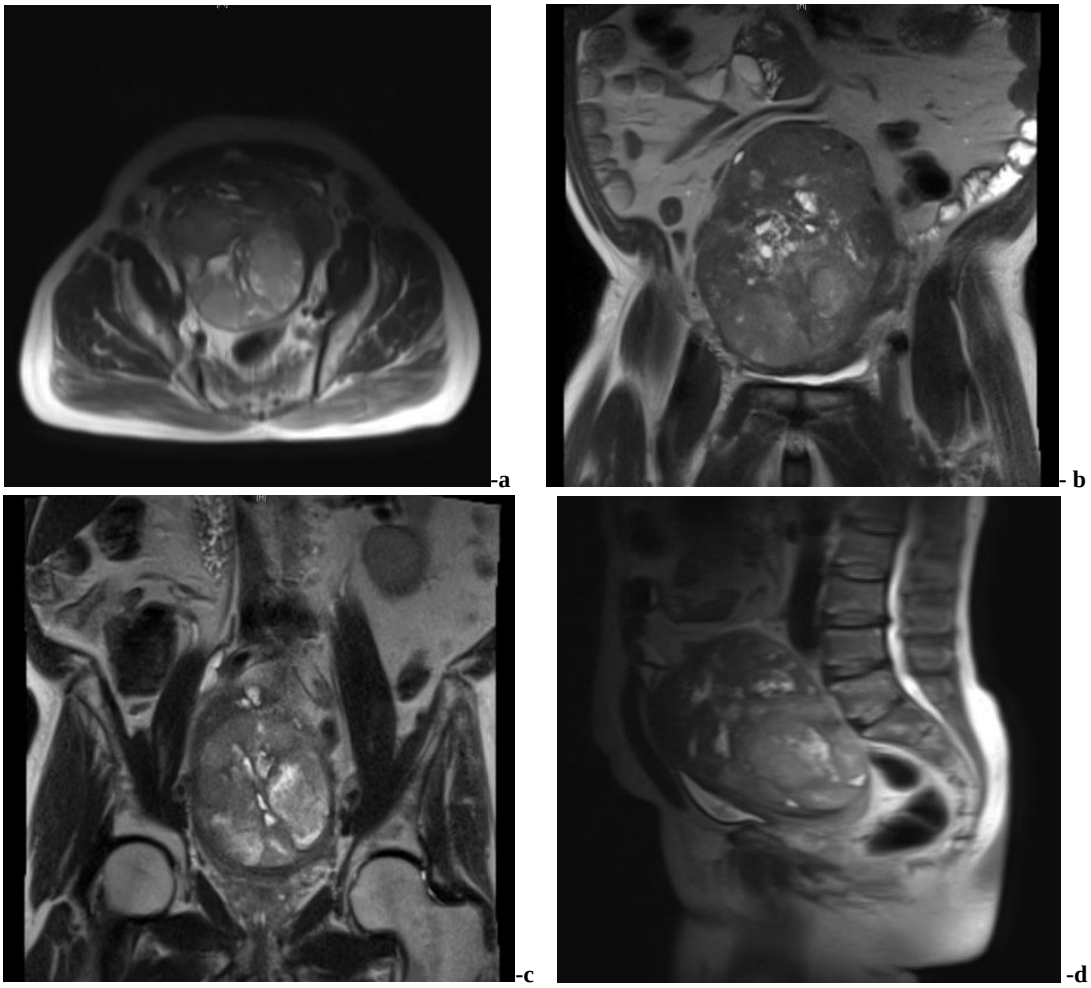

Figure 2. MRI showed Large well-circumscribed fairly solid enhancing mass

Although the patient was planned for resection of tumor after neoadujant chemotherapy, he lost his follow up.

3. DISCUSSION

Prostatic stromal sarcoma is a rare tumor that constitutes approximately 0.1–0.2% of all prostatic cancers (1,2). Prostatic mesenchymal tumors sometimes cannot be clearly classified as histological entities due to their rarity (3). The majority of these lesions present in the sixth and seventh decades of life, and the majority of patients present with symptoms of urethral obstruction. (2,3,6). In previous reports on PSS, age at diagnosis has ranged from 19 to 86 years (mean, 48 years) (1-5). PSA levels in patients with PSS including the present case have been relatively low (0.1-4.5 ng/mL) in comparison with prostatic adenocarcinoma (1, 3-5). PSS is often large, with most tumors having a diameter > 4 cm (1, 3-5).

PSS presents a significant therapeutic challenge. Due to the rare occurrence of PSS and the paucity of published literature, the optimal treatment for the disease is unknown.(2)

Reported management strategies have ranged from observation to radical prostatectomy or cystoprostatectomy with or without concomitant radiation or chemotherapy. However, outcomes in these studies are difficult to interpret because of the heterogeneity of treatment modalities. Although short-term outcomes appear to be promising. (3)

4. CONCLUSIONS

We describe a rare case of prostatic stromal sarcoma (PSS) ho had an abdominal swelling for 9 months and he also suffered from dysuria & constipation for 8 months. And the present study is only the 3rd case to be presented with dysuria & constipation.

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