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Leptomeningeal Carcinomatosis in Case of Prostate Cancer

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Case Report

A 58 year old man was referred to our centre due to diplopia, proptosis and left eye deviation. These findings have been started from two weeks ago beside them, he complained from the headache in left side of his face that radiated to the neck and numbness in left side of face and forehead and drawling. He did not experienced nausea and vomiting in this period. He said he have had numbness around his lip from 6 months ago. Physical exam revealed 5, 6, and 7 left cranial nerve plegia. In past medical history revealed that he is a known case of prostate cancer from 3 years later that presented with bone metastasis and he has been received monthly Leuprorelin acetate and Flutamide that then was converted to Bicalutamide. He had received also Zolidronic acid intermittently in these three years.

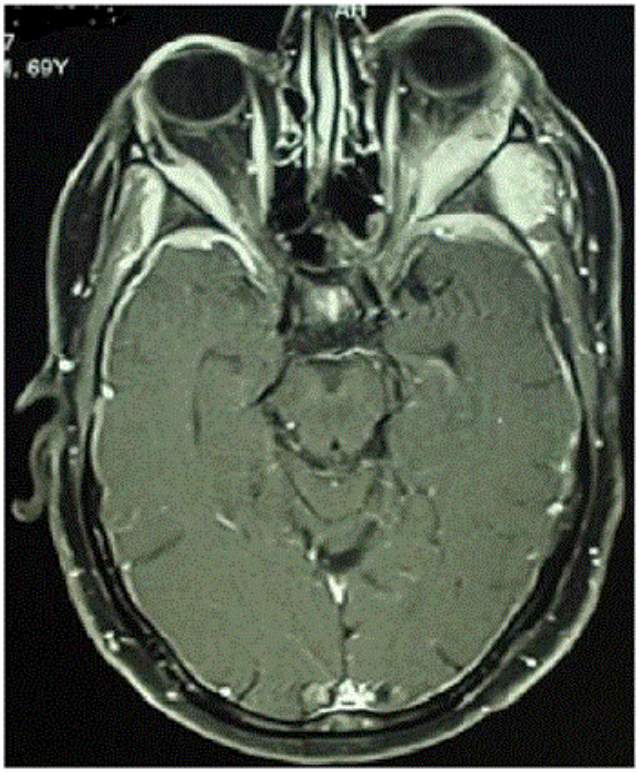

Figure 1: MRI shows a soft tissue mass in superior posterolateral aspect of left orbit with mild erosion and another smaller soft tissue density in the right orbit.

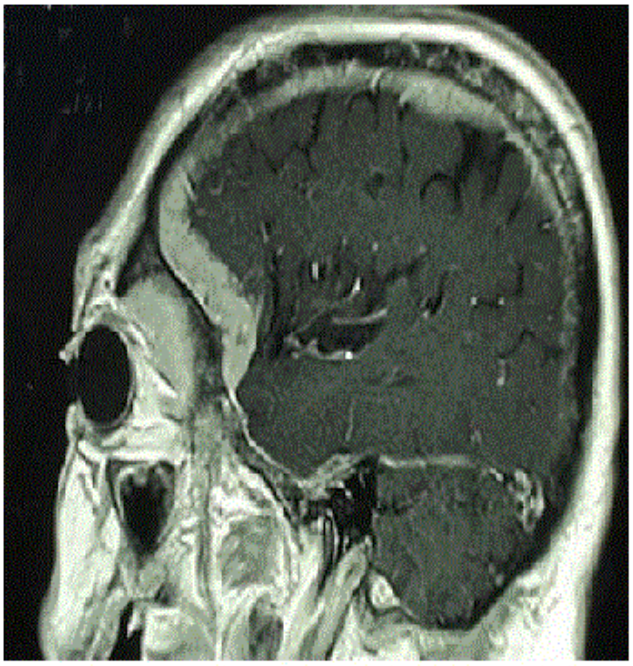

Figure 2: MRI shows diffuse meningeal lesion.

The Gleason score was 7 (3+4) in the begging of his disease and before hormonal therapy he had PSA=90 ng/ml that decreased to 0.3 in response to Leuprorelin acetate and Flutamide, but the disease was progressed and PSA increased to 30.9 then Flutamide was changed to Bicalutamide. Four months ago palliative radiation therapy was done due to pelvic pain. PSA level decreased after radiotherapy to 16 ng/ml. When he admitted in our centre a MRI study without contrast from brain and orbits and also CT scan from orbits had performed; CT scan showed a soft tissue mass in superior posterolateral aspect of left orbit with mild erosion of adjacent bone and another smaller soft tissue density in the right orbit MRI confirmed these finding and also abnormal signal in the anterior aspect of left temporal lobe (Figures 1 and 2). We performed a whole body bone scan with the cncsium99 m and it revealed abnormal increased uptake in superolateral of left orbit and inferior of right orbit that they were new findings in comparison to previous study although radioisotope uptakes decreased significantly due to palliative radiation therapy and changing the drugs.

Therefore treatment was started with whole brain and orbits with two parallel opposed lateral fields with cobalt 60 machine and dose of 3000 cGY in 10 fractions. Repeated MRI four weeks after completing radiation therapy revealed partial response. Three months after that he complained dyspnea and chest CT scanning revealed multiple lung metastases and one month later he died.

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