Prostate Cancer Revealed by an Orbital Metastasis a Report of a Case and Review of the Literature

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ABSTRACT
The invasion of the orbit with metastatic tumors is rare. In addition, some cases of unilateral metastatic disease have been reported but more often it is bilateral involvement. Moreover, it frequently attends locoregional invasion of the orbit by tumors adjacent structures including intraocular tumors in children. In adults, the orbital metastases are mostly of epithelial origin and they are considered a full metastatic site [1, 2, 3, 4, 5, 6]. In the literature, many cases of orbital metastases have been reported, such as esophageal cancer metastasis [7], breast [8], pancreatic [9] as well as lung [10]. Today, metastatic carcinoma of the orbit are 2.3 to 7% of orbital tumors [11, 12]. Cancer of the prostate is the most common cancer in humans outside of skin cancer, and it often leads to bone and visceral metastases. [13] However, the orbital metastases appear at an advanced stage of the disease [3, 4]. The purpose of this article is to report the case of a bet diagnosed with adenocarcinoma of the prostate revealed a metastatic orbital tumor.

Introduction
This is Mr. N.B, aged 63 years who consults for exophthalmia following a sports injury. The interrogation reports a decline in progressive visual acuity for a few months working in an unencrypted slimming context and impaired general condition. The examination for admission include a conscious, hemodynamically stable patients with left proptosis, DRE shows a prostate dystrophy. The spa exophthalmia highlights an orbital tumor, histopathological examination of the specimen is in favor of morphological appearance of a cancerous infiltration process expressing PSA compatible with metastasis of a prostatic adenocarcinoma. The patient’s PSA level was 485.00 ng / mL. The patient underwent a prostate biopsy confirmed the diagnosis. The abdominal pelvic CT scan revealed the presence of bilateral pulmonary nodules, secondary bone lesions and lymph nodes above and below the diaphragm making mention first lymphomatous origin. The staging was completed by a Tc99m MDP bone scan that objective diffuse secondary bone lesions predominant axial skeleton and roots members.

Image 1. Image showing a CT enlarged prostate.

Image 2. Image showing a CT lymphadenopathy magma inter aorto - cellar.

Image 3. Image CT showing bilateral pulmonary nodules.
Given the presence of bone secondary locations, it was decided to put the patient on hormone therapy: Casodex one tablet per day for a period of one month and one injection of December 11.25 will be made on the fifteenth day and every three months.

**Discussion**

Bone metastases of prostatic adenocarcinoma is the most frequent secondary location [14, 15]. Pelvis, femurs, spine and ribs are the most common sites. [15] The orbit is rarely reached; Moreover, very few cases have been reported in the literature. Indeed, malignancies of the Urological sphere, especially adenocarcinoma of the prostate rarely metastasize to the orbital level. It is exceptional that the orbital metastasis is an occasional discovery of prostate cancer [2, 17].

One of the largest series of cases of metastasis of the eye and orbit of Ferry and Font [5] not objectify that 3 cases of prostatic metastases (1.3%). The same authors then advance a percentage of 3.5 to 4% of orbital metastases in another series of cases [6]. Indeed, according to the study of Fredman on 112 patients (141 eyes), breast cancer is the most common origin, relaying prostate cancer in 5th position. [18]

The maximum survival of all patients described in these series is only 9 years and 3 months, which shows a very poor prognosis for infringement orbital. Generally, bone metastases are predominant in the advanced stages and damage orbital then come worsen [14] prognosis.

**Conclusion**

Prostate carcinomadiagnosis should besuspected in any man with a suspicious mass that canbe orbital metastasis. Indeed, although they appear at an advanced stage of the disease, it can sometimes, as in this patient, appear before the diagnosis of primary lesion. Indeed, as in this patient, the staging of prostate adenocarcinomawas used to map the secondarylesions and through hormone therapy begun in the hope to improve the quality of life of the patient.

**Reference**

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