

To the Editors:

Mucinous adenocarcinoma of the prostate gland

Case report

A 46-year old man presented in acute urinary retention. The digital rectal examination (DRE) revealed an irregular, hard prostate gland. The blood urea, xray KUB and ultrasonography of the urinary tract were normal. The serum prostate specific antigen (PSA) was 2.23 ng/ml. Transurethral resection of the prostate gland was done and the histology showed a mucinous adenocarcinoma of the gland with large lakes of extracellular mucin. In view of the histology, proctosigmoidoscopy was done to exclude a colorectal malignancy extending into the prostate gland. Isotope bone scan was normal and a CT-scan did not show evidence of extracapsular spread of the tumour.

Three unusual aspects of this case warrant comment viz. the young age, normal serum PSA level, and the mucinous variant of adenocarcinoma in the histology. Carcinoma of the prostate is generally considered as a disease of men over 50 years, with the median age being 75 years (1). Men under 50 years of age form about 1% of the total (2). Although prostatic cancer in the young was considered to have a dismal outcome, recent studies have shown that young men with localised prostate cancer can have long term disease free survival with aggressive treatment (3). The presenting symptoms are similar to those of older patients with prostate cancer. One third of the patients are asymptomatic at time of diagnosis (1). PSA is present in both benign and malignant prostatic tissue, with a normal range of 0 to 4 ng/ml in the serum. Although PSA is considered a tumour marker with high sensitivity, prostate cancer had been detected in 10 to 19% of men with an abnormal DRE and PSA less than 4 ng/ml (4,5) Hence it is prudent to have histological assessment of the prostate gland in patients with a clinically suspicious prostate and normal PSA, although there is a low incidence of cancer in men with an abnormal DRE and PSA less than 1 ng/ml (6,7). This provides a rationale for observation rather than immediate prostate biopsy when PSA is less than 1 ng/ml.

True mucinous adenocarcinomas of the prostate gland should show an abundant extracellular mucin production resulting in lakes of mucin in at least 25% of the tumour mass (8). The diagnosis of adenocarcinoma in the

prostate requires exclusion of an extra-prostatic origin, mainly within the digestive tract. Since only a small number of cases have been reported world-wide the natural history, treatment and prognosis of this tumour remain unclear (9).

References

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