

## CURATIVE LAPAROSCOPIC RECTAL CANCER RESECTION IN A PATIENT WITH ASYMPTOMATIC METASTATIC DISEASE IN THE SMALL BOWEL MESENTERY FROM PROSTATE CANCER

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### Abstract

Prostate cancer can cause metastatic deposits in the abdominal cavity and in the GI tract. Even though the incidence of GI metastasis in prostate cancer is very low it can happen and is often asymptomatic. Patients can develop another primary cancer and presence of such asymptomatic tiny deposits should not deter the curative surgery for potentially curable unrelated primary tumors

We present a 75 yr old man with rectal cancer who had curative laparoscopic low anterior resection for that rectal cancer in the presence of minute atypical metastatic disease in the small bowel mesentery.

**Conclusion:** Asymptomatic metastatic deposits in the small bowel mesentery can happen in prostate cancer. Curative surgery for other unrelated primary cancer is possible and presence of these tiny metastatic deposits should not deter potential curative resection for other resectable cancer.

### Introduction

We present an interesting case of prostate cancer presenting with multiple small nodular deposits in the small bowel mesentery

A 75 yr old man presented to our colorectal fast track clinic with bleeding PR. There was no palpable rectal pathology in digital rectal examination. We arranged a colonoscopy for him.

The colonoscopy showed upper rectal cancer. The staging MRI revealed T3 disease and there was no evidence of metastatic disease in the CT chest abdomen and pelvis.

He had a background of prostate cancer. He had open radical prostatectomy in 2004. The histology was adenocarcinoma of the prostate Gleason 4+3=7 PSA 9.2 pT3 (positive apical margin) with positive excision margins. He had radical pelvic radiotherapy 55Gy in 20 cycles to the prostatic bed finished in August 2011. He is on Zoladex/Decapeptyl started in July 2018 and Enzalutamide 160mg once a day started in October 2018

Even Though there was no obvious evidence of metastatic disease in the follow up there was a sustained unexplained rise in PSA levels. Currently he is also on Tamoxifen.

The above treatment is for presumed micrometastatic disease.

This gentleman is very well with good performance status. He also had surgery for an acoustic neuroma in 2007 which has left him deaf in his left ear.

There is also a h/o complicated cataract surgery which resulted in loss of sight in the left eye.

Following our discussion in our colorectal MDT we decided to proceed straight to surgery.

We did laparoscopic low anterior resection with PME (Partial meso rectal excision) for his rectal cancer. The operation went on smoothly. The left sided mobilisation was bit difficult due to previous retroperitoneal lymphadenectomy along with radical prostatectomy.

After finishing the anastomosis we noticed multiple whitish nodular deposits in the small bowel mesentery.

There were no deposits in the peritoneum or omentum. We took biopsies and completed a defunctioning loop ileostomy.

The patient recovered well and went home on day 5 without any problems.

The histology confirmed rectal adenocarcinoma T3 N1 3/18 nodes positive.

The biopsies from small bowel mesentery showed metastatic prostate cancer.

This type of metastasis is extremely rare 16 years after the initial surgery and this is the reason for presenting this case.

There are reported cases of prostate cancer metastasing to small bowel leading onto obstruction.<sup>1</sup>



**Figure 1:**

There are few reported cases of metastatic deposits in the duodenum<sup>2</sup>.

There is a reported case of prostate cancer mets presenting as RIF mass. The patient underwent right hemicolectomy for a presumed caecal cancer but the histology confirmed metastatic deposit from caecal cancer<sup>3</sup>

Virendra Bhandhari has reported a case of metastatic deposit from prostate cancer presenting as gastric nodule noted in endoscopy.<sup>4</sup>

The loco regional metastasis to the rectum and sigmoid from prostate cancer is about 1 to 12 %.<sup>5</sup>

It will be interesting to see the progress of these tiny metastatic deposits in the small bowel mesentery

### Conclusion

Metastatic deposits from prostate cancer can occur in the bowel, stomach, duodenum and the presentation is variable ranging from asymptomatic tiny deposits to huge deposits resulting in local symptoms. The presence of these tiny deposits should not be a deterring factor for treatment for another primary cancer.

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