

## Carcinoma Prostate with Metastasis to Vertebral Column and Right Cerebellum Causing Sol and Hydrocephalus

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### Abstract

A patient Mr. Satya Narain Chauhan, 67 yrs old male, diagnosed case of DM, Ca prostate presented with complaints of urinary retention and slurring of speech. On examination Mr. Chauhan is having left lower limb weakness-not able to stand/walk, midline lumbosacral tenderness present. So, Mr. Chauhan was evaluated for spinal cord compression, and to rule out CVA. Patient had sclerotic metastasis in lumbosacral spine, and mass lesion in cerebellum.

**Keywords:** Carcinoma Prostate; Cerebellum; Hydrocephalus.

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### Introduction

Although vertebral and epidural metastasis are common in adenocarcinoma of prostate, intra cerebral, cerebellar and intramedullary metastasis occur in rare.

This is a case of adenocarcinoma prostate on chemotherapy with eisenmengers syndrome, which developed vertebral metastasis along with right cerebellar metastasis.

Patient was given palliative treatment comprising chemotherapy, radiation therapy, physiotherapy and planned for VP shunting in view of SOL in Right cerebellum with hydrocephalus.

### Case Presentation

Presenting complaints of patient are abdominal discomfort and not able to pass urine, with H/o weakness of left lower limb.

H/o slurring of speech present.

No H/o chest pain, SOB, cough, fever, loose motions, hematuria, burning micturition, increased frequency of micturition.

### On Examination

#### Primary Survey

AIRWAY: Patent

#### Breathing

Respiration (RR/min): 20/MIN

Laboured: No

SpO<sub>2</sub>: 100% on Room Air

#### Circulation

Pulse: 72/MIN

BP: 130/90 MMHG

Peripheral Pulses: Yes

Temperature: 98.4 F

#### Disability

GRBS: 139mg/dl

Pupils:

Right eye: NSNR

Left eye: NSNR

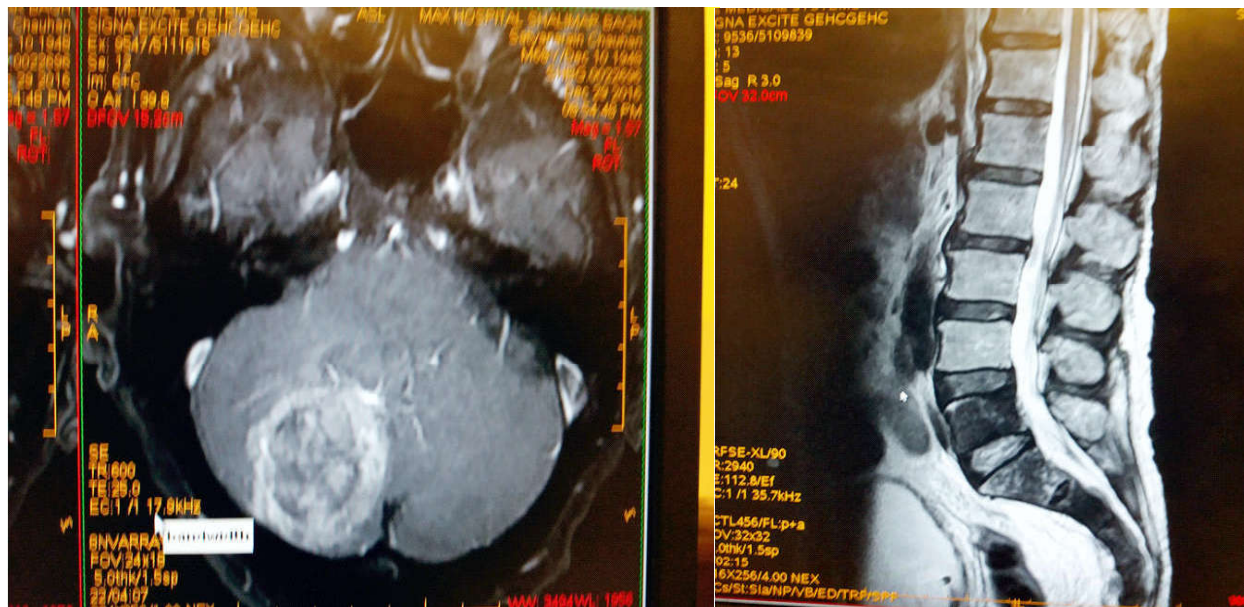
#### Secondary Survey

Review of Systems

HEENT : Pallor +, No Icterus, Cyanosis, Tongue Moist.

CHEST: B/L AE +, no added sounds  
CVS: S1S2 +, no added sounds  
ABD: Soft, swelling in lower abdomen suggesting bladder distention+, BS +,  
EXT: Warm, No Pedal Edema, No Dilated Veins  
Neuro: Conscious, Coherent, Oriented  
RT UL-TONE-N, POWER-5/5,

LEFT UL-TONE-N, POWER-5/5,  
RT LL-TONE-N, POWER-5/5,  
LEFT LL-TONE-N, POWER-4/5,  
ALL FOUR LIMBS-NO Sensory Deficit, All Reflexes Mute, B/L Plantar Reflexes-Mute, Left Sided Dysdinokinesia +  
Past History: Known case of prostate cancer, DM, large OSD-ASD with Eisenmenger's syndrome



A MRI spine screening and MRI brain plain was done which showed sclerotic vertebral metastasis in lumbosacral spine and Right cerebellum

## Diagnosis

This is a clear case of carcinoma prostate with vertebral metastasis and right cerebellar metastasis causing a space occupying lesion with hydrocephalus.

## Treatment

Patient admitted to ICU and seen by oncology and neurosurgery team, in view of other comorbidities like DM, large OSD-ASD with Eisenmenger syndrome, planned for symptomatic, palliative treatment including chemotherapy, radiation therapy along with physiotherapy and VP shunting. Patient was feeling better after palliative and physiotherapy.

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