

Prostatic adenocarcinoma presenting as isolated inguinal lymphadenopathy

Abstract

Prostatic adenocarcinoma (CaP) is the most common cancer in males and approximately 50% of patients have metastases at presentation, most commonly spreading to the bones and regional lymph nodes. CaP metastasising to inguinal lymph nodes in the absence of pelvic lymphadenopathy or other metastases is very uncommon. A 66-year-old man presented with isolated left inguinal lymphadenopathy of 3 months duration and a history of lower urinary tract symptoms for 1 year. He had prostatic cancer extending into the bladder base and seminal vesicles on contrast-enhanced CT of the pelvis, and asymptomatic vertebral secondaries on skeletal scintigraphy. Transrectal ultrasound biopsy revealed adenocarcinoma (Gleason score 3+4=7), and inguinal lymph node biopsy showed metastatic adenocarcinoma positive for prostate-specific antigen (PSA). As inguinal lymphadenopathy may also be due to other causes, biopsy is useful and meticulous clinical examination is a must in these patients.