

義大醫院『南區胸腔病例聯合討論會』

日期：113年7月10日(三)

地點：義大醫院B棟15樓第一會議室

地址：高雄市燕巢區角宿里義大路1號

時間	講題	主講人
15:00~17:00	病例討論會	陳鍾岳

Refractory pleural effusion attributed to metastatic adenocarcinoma originating from the prostate gland

Introduction:

Pleural effusion, while commonly associated with malignancy, presents diagnostic challenges, particularly when conventional diagnostic modalities such as cytology and imaging fail to pinpoint the primary tumor site. Notably, while malignant pleural effusions are frequently attributed to lung and breast cancer (accounting for 50-65%), prostate cancer-induced pleural effusion is exceedingly rare, comprising less than 1% of cases.

Case Report:

A 70-year-old man presented with exertional dyspnea and orthopnea persisting for more than two weeks, accompanied by a dry cough. Despite regular medications, his symptoms persisted. Initial autoimmune profile testing reported normal results. Imaging revealed bilateral pleural effusion and a semi-consolidated lung lesion. Pleural fluid analysis indicated an exudative lymphocyte-predominant effusion with normal carcinoembryonic antigen (CEA) levels. Cardiac echo revealed normal left ventricular contractility and mild valvular heart disease. Video-assisted thoracoscopic surgery (VATS) confirmed metastatic adenocarcinoma from the prostate gland. Elevated serum Prostate-Specific Antigen (PSA) levels and positive immunohistochemical staining corroborated the diagnosis. Bone scan showed diffuse bone metastases. The patient was diagnosed with stage IVB prostate cancer and received androgen deprivation therapy, resulting in symptom improvement and decreased PSA levels. Pleural effusion regression was observed post-treatment.

Conclusion:

The prognosis for patients with malignant pleural effusion secondary to metastatic prostate adenocarcinoma is typically poor, with an average survival period of approximately 18 months under treatment. Effusion PSA level might be an alternative way for prostate cancer pleural metastasis diagnosis.

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