Prostatic Carcinoma with Concomitant Non-Hodgkin Lymphoma
Report of 2 Cases

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Abstract
We report 2 cases of adenocarcinoma of the prostate with concomitant non-Hodgkin lymphoma. Only 9 cases of this rare combination have been reported. Both cases are responding well to treatment. The 1st case is 17 years since the diagnosis of adenocarcinoma of prostate and 6 years since the appearance of the lymphoma. The 2nd case is 1 year after being operated on for a gastric lymphoma and 7 months since the diagnosis of adenocarcinoma of prostate was made.

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Case Reports
Case 1
A 75-year-old man who at the age of 62 years was admitted to our ward to be operated on for complaints of lower urinary tract symptomatology and benign prostatic hypertrophy at the rectal examination. Physical examination, X-rays, and laboratory investigations were normal. A suprapubic adenoprostatectomy was performed. Histological examination of the specimen revealed areas of adenocarcinoma of the prostate with infiltration of the connective tissue and muscle (fig. 1). The patient received treatment with stilbestrol 5 mg/daily. 7 years later, on routine follow-up, an enlarged axillary lymph node was felt. Biopsy revealed a malignant lymphoma of the lymphoblastic nodular type (fig. 2). The patient responded well to treatment. At regular follow-up examination no evidence of lymphoma or adenocarcinoma activity has been found.

Case 2
A 73-year-old man who 2 years ago was admitted with urinary retention due to an enlarged prostate and cystolithiasis. Except for E. coli urinary infection and prostatic enlargement at intravenous pyelography, clinical examination and laboratory tests were normal. Suprapubic adenoprostatectomy and cystolithotomy were performed. Histological examination of the prostate revealed no malignancy.
7 months later he started to complain of weight loss, anorexia, and upper abdominal pain irradiating into the back. Gastroscopy and biopsy were performed and a malignant lymphoma (diffuse, mixed, small and large cell type) of stomach diagnosed. A subtotal gastrectomy, omentectomy, and anterocolic gastroenterostomy were subsequently performed. A follow-up bone marrow examination revealed malignant cells suspected of being of prostatic origin. A transrectal needle biopsy of the prostate revealed adenocarcinoma. Stilbestrol was added to the antilymphoma treatment.

Discussion
The occurrence of another malignancy together with non-Hodgkin lymphoma is rare. This is particularly so for adenocarcinoma of the prostate. Zarrabí [1] has reported 4 and McDougal et al. [2] 5 cases. Many opinions have been given in an effort to explain this rare combination. Some authors [3] attribute it to the irradiation or chemotherapeutic treatment of the lymphoma, others [4] to chance alone; some authors [5] relate it, in untreated cases, to a defect in the cellular immune mechanisms. It appears that the chances of another malignancy occurring in a patient suffering from a lymphoma are 10–11 times higher than in the normal population [1]. In the majority of cases reported, the second malignancy appeared after the lymphoma was diagnosed and treated [1]. In our 1st case the adenocarcinoma of the prostate was diagnosed before the lymphoma was discovered. Both cases are responding well to treatment, and at the time of this report there is no evidence of any malignant activity in both.

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References