

Summary

A Case Report of Distant Lymph Nodes Metastases from Prostate Cancer Imaged with ^{201}Tl and $^{99\text{m}}\text{Tc}$ -MIBI

Katsuji IKEKUBO, Megumu HINO, Hidetomi ITO, Hiroyuki OHTSUKA and Yasuhiko SAIKI

Department of Nuclear Medicine, Kobe City General Hospital

Prostate cancer most often metastases to regional lymph nodes and bones by hematogeneous or lymphatic spread. The authors present a rare case of metastatic prostate cancer to supradiaphragmatic lymph nodes that were detected on ^{201}Tl and $^{99\text{m}}\text{Tc}$ -MIBI imaging and confirmed on a CT scan.

An 81-yr-old man with bilateral painful cervical lymphadenopathies was referred to our hospital with suspected thyroid cancer. The US and thyroid scan indicated no abnormalities in his thyroid gland. Both ^{201}Tl and $^{99\text{m}}\text{Tc}$ -MIBI scans showed multiple areas of abnormally increased radioactivity in both supraclavicular, anterior mediastinum, and bilateral hilar regions. A CT scan also revealed multiple lymphadenopathies in the same regions as radionuclide scans.

Prostate cancer was diagnosed from the results of immunohistochemical staining for PSA examination of a biopsy specimen of the mediastinal lymph node. The serum PSA concentration was markedly elevated at 490 ng/ml (normal, < 40 ng/ml). Both $^{99\text{m}}\text{Tc}$ -HMDP bone and ^{67}Ga scans were normal. All supradiaphragmatic lymph nodes on CT images disappeared 2 months after subcapsular orchiectomy and endocrine treatment with Bicalutamide.

Metastatic prostate cancer should be considered when metastatic adenocarcinoma is discovered in the supraclavicular lymph nodes of elder men.

Key words: Prostate cancer, Supraclavicular lymph nodes metastases, ^{201}Tl , $^{99\text{m}}\text{Tc}$ -MIBI, PSA.