Nat. Volatiles & Essent. Oils, 2021; 8(5): 1007 - 1011

NVEO
Natural Volatiles & Essential Oils

Case Report on Management and Complications of Prostate Cancer.

Ms. Seema Kolhe[1] , Shital Telrandhe[2], Bharat S. Sudame[3]

[1]Nursing Tutor , Florence Nightingale Training College of Nursing Sawangi, Meghe, Wardha, Maharashtra, India; Email: seemasanvi1234@gmail.com;

[2]Research Consultant, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences (DU) Sawangi (M) Wardha.
[3]Bharat S. Sudame, Dept. of Electrical Engineering, Yeshwantrao Chavan College of Engineering, Nagpur. Email: bharat_sudame@rediffmail.com

ABSTRACT:

Introduction: After renal cell carcinoma, the second most common urological malignancy connected to paraneoplastic diseases is prostate cancer. These syndromes are more common in patients with late-stage, aggressive malignancies that have a bad prognosis. Recognition of these syndromes is crucial in clinical practise since it may lead to the diagnosis of underlying cancer, **Present complaints and investigation**: The male patient 64 year old who was apparently admitted in AVBRH on date 06/02/2021 with major complaint Up to 3 months after urethral irritation, including voiding difficulties, as well as pain in the root of the penis, increasing interrupt urination arose. A distracting discomfort in the base of the penis happened when urinating. representation (MRI). **Past history:** Patient was admitted two years ago with the major complaint of a slow-growing malignancy. It can spread to the, making treatment difficult. **The main diagnosis, therapeutic intervention and outcomes**: A case of prostate cancer has been diagnosed following a physical examination and investigation by a doctor An abdominal computed tomography (CT) scan and magnetic resonance imaging (MRI) of the prostate revealed a cystic tumour in the right pelvic cavity, in addition to prostate cancer. After a histological analysis, the pelvic cystic mass was determined to be a prostate cancer metastasis. Immunohistochemistry was used to detect calretinin. The patient was given medical care in the form of a goserelin injection under the skin. He underwent all treatments and had a positive outcome. **Conclusions:** The patient was hospitalised to AVBRH with urethral irritation, which included voiding difficulties, as well as The root of the penis hurts. After all of the tests, Prostate cancer was discovered in the patient. Now, the patient requires medical attention as well as skilled nursing care.

Keywords:- Prostate Cancer, Radiation Therapy , Metastasis,

Introduction and background :

According to a recent study, prostate cancer is the second greatest cause of death in the United States. The vast majority of prostate cancer patients die as a result of distant metastases. Early detection of atypical metastases can enhance a patient's prognosis. Prostate cancer cystic metastases are relatively uncommon[1].

Prostate cancer cystic metastasis is a rare phenomenon that might be misinterpreted for other illnesses such as cystic lymph nodes. Due to a lack of imaging characteristics, diagnosing prostate cancer cystic metastases is difficult. A lack of understanding of prostate cancer cystic metastases could lead to insufficient medical treatment. In this paper, a case of cystic liver metastases is given. This article can be used as a public service announcement to raise awareness about the growing variety of atypical prostate cancer metastases[2].

A Core Outcomes Set (COS) is a set of outcomes that should be documented in any clinical research on a certain ailment. Using prostate cancer as a case study, we found, analysed, and critically assessed published COS development studies, as well as the degree of overlap between them and selected real-world data (RWD) sources.[3]

Patient information :-

The male patient 64 year old who was admitted in AVBRH on date 06/02/2021 with the main complaint of urethral irritation, which included voiding difficulties, as well as pain in the base of the penis for up to three months, and increased interrupt urination. During urination, a distracting discomfort in the base of the penis appeared. During urination, there was voiding dysfunction, urine viscosity, and urine flow disturbance.

Primary concern and symptoms of patient :- Present case visited/deposited in AVBR Hospital with complaints of was The increased interrupt urination sprang up as a result of urethral irritation, which included voiding difficulty and a throbbing pain in the penis's root for up to 3 months. A distracting pain emerged at the base of During urination, the penis is exposed. During urination, there was voiding dysfunction, urine thickening, and urinary flow disturbance.

Medical and family and psycho-social history :-Patient suffering from prostate cancer before 3month. Present case belong to nuclear family, in his family belong to middle class family. He was mentally stable. his oriented to date, time and place and he maintained good relationship with family members.

Relevant past intervention with outcomes:- History of prostate cancer since 3 month after investigation was observed the patient stage in . he took treatment for that and his outcomes was good.

Physical examination and clinical findings :- : After physical examination and investigation doctor diagnose a case of prostate cancer**:-** Medical management was provides to the patient Subcutaneous injection of goserelin. He was took all treatment and outcomes was good. His sign and symptoms was not reduced, pain was slightly reduced after medication he was able to perform his own activity. Prostate cancer usually grow very slowly, remains localised to the prostate gland and has a low success rate. Treatment modalities include external beam radiation, Brachytherapy, Radiation therapy as a first line treatment.

Timeline:- Patient was visited in AVBR Hospital with chief complaint of Increased interrupt urination arose as a result of For up to 3 months, urethral irritation causes voiding difficulties and pain at the base of the penis. During urination, a distracting discomfort in the base of the penis appeared. During urination, there was voiding dysfunction, urine viscosity, and urine flow disturbance. Medical management was provides to the patient It was decided to remove the cystic mass. Prostate cancer in its early stages was also excluded. Following discharge, the patient was treated with androgen deprivation therapy (ADT) for two years. He was took all treatment and outcomes was good.

Diagnostic Assessment :- During physical examination and investigation diagnose a case of prostate cancer. Digital rectal examinations were performed by physicians. PSA tests were analyzed all routine blood test was done in blood , A biorepository for collecting and storing blood and tissue samples was an important part of the experiment. Doctor diagnosed a case of Prostate cancer. During urination, there was voiding dysfunction, urine viscosity, and urine flow disturbance. After physical examination and investigation In the abdomen, there was no mass that could be touched. The ultrasonographic imaging revealed a Complete blood count, CT scans of the abdomen, and prostate magnetic resonance imaging were used to diagnose a hypoechoic mass in the right lower abdomen with a homogeneous inner echo and a diameter of 7 cm.

Diagnostic Evaluation :-

Diagnostic challenging :- No any challenging during diagnostic evaluation.

Diagnosis :- After physical examination and investigation doctor diagnose a case of Prostate cancer.

Therapeutic intervention:-

As the first treatment for prostate cancer, which is still limited to the prostate gland and has a low success rate therapeutic intervention, medical management was provided to the patient before starting treatment, radiation therapy, External beam radiation, Brachytherapy (internal radiation). It's necessary to eliminate cancer cells in other parts of the body. Adjuvant radiotherapy techniques and doses: Multiple parameters, such as the initial tumour location, anatomical position, and tumour size, influence the RT approaches utilised to treat NMSC. The treatment modalities include electron beam RT, brachytherapy (low dose and high dose), and megavoltage photons using 3D conformal or intensity-modulated RT methods are the most often utilised RT techniques.

His sign and symptoms was not reduced , pain was slightly reduced after medication he was able to him own activity. No any changes in therapeutic intervention were made. The lesion grew very slowly. Treatment included radiation therapy , External beam radiation , Brachytherapy (internal radiation)**.**

The patient was given cisplatin 50 mg/m2 on day 1, cetuximab 500 mg/m2 on day 1, and 5-fluorouracil 1000 mg/m2 daily on days 1 and 2, with a two-week break between treatments. The sores on the skin retreated after the first cycle of chemotherapy, and dysphagia improved.

Follow-up and Outcomes :-

Clinical and patient assessment outcomes:- Patient condition was not improved. Important follow-up diagnostic and other test results:- To preventing of disease and trying to reserve any sign and symptoms that have appeared because of reduce was urethral irritation, including voiding difficulty. Doctor advised follow up after 1 month and advice blood investigation to know the further disease progression .

Intervention adherence and tolerability :- Patient took all prescribed medication regularly. he also follow up dietician advised. Dietician was advised Tomatoes/lycopene, other carotenoids, cruciferous vegetables, vitamin E, selenium, fish/marine omega-3 fatty acids, soy, isoflavones, and polyphenols are potential protective dietary elements however, milk, dairy, calcium, zinc at high doses, saturated fat, grilled meats, and heterocyclic amines may increase risk. His intervention adherence was satisfactory. It's worth noting that only vitamin E, calcium, beta-carotene, and selenium have randomized clinical trial evidence. It was decided to remove the cystic mass. Prostate cancer in its early stages was also excluded. Following discharge, the patient was treated with androgen deprivation therapy (ADT) for two years.

Discussion:

The case study of The biggest cystic variant of the prostate was a case of prostate cancer infiltrating the right seminal vesicle with cystic alterations. Following excision, there have been occurrences of cystic recurrence cancer of the prostate. The cystic lesion's nature is yet unknown. Aside from that, the patient has been diagnosed with prostate cancer. Surgery can also aid in the diagnosis of a variety of conditions.[4]

Although bone and lymph nodes are the most prevalent metastatic sites of prostate cancer, atypical locations are still necessary. Prostate cancer has been observed to spread to other organs occur in the ureter, penile, appendix, intracranial, and other parts of the body. Cystic masses, whether benign or malignant, can be treated in a variety of ways.[5,6] Studies on related aspects of cancers were reviewed[7-12].

Conclusion:

The patient was admitted to hospital with chief complaint of was urethral irritation, including voiding difficulty, in addition to the pain of the root .After all investigation patient was diagnosed with a case of Prostate cancer. In our case stresses the need for good clinical assessment, good nursing care by trained nurses and the use of effective forensic studies is compulsory to secure patients from such a vital health condition.

References:-

1. Wagner M, Naik DN, Pothen A, Kasukurti S, Devineni RR, Adam BL, Semmes OJ, Wright GL. Computational protein biomarker prediction: a case study for prostate cancer. BMC bioinformatics. 2004 Dec;5(1):1-9.
2. Ghosh D, Barette TR, Rhodes D, Chinnaiyan AM. Statistical issues and methods for meta-analysis of microarray data: a case study in prostate cancer. Functional & Integrative Genomics. 2003 Dec;3(4):180-8.
3. Thaker NG, Ali TN, Porter ME, Feeley TW, Kaplan RS, Frank SJ. Communicating value in health care using radar charts: a case study of prostate cancer. Journal of oncology practice. 2016 Sep;12(9):813-20.
4. Bostwick DG, Iczkowski KA. Microvessel density in prostate cancer: prognostic and therapeutic utility. InSeminars in urologic oncology 1998 Aug 1 (Vol. 16, No. 3, pp. 118-123).
5. Key TJ, Silcocks PB, Davey GK, Appleby PN, Bishop DT. A case-control study of diet and prostate cancer. British journal of cancer. 1997 Sep;76(5):678-87.
6. Choudhari, Sheetal Korde, Minal Chaudhary, Sachin Bagde, Amol R. Gadbail, and Vaishali Joshi. "Nitric Oxide and Cancer: A Review." WORLD JOURNAL OF SURGICAL ONCOLOGY 11 (May 30, 2013). https://doi.org/10.1186/1477-7819-11-118.
7. Khatib, Mahalaqua Nazli, Abhay Gaidhane, Shilpa Gaidhane, and Zahiruddin Quazi Syed. "Ghrelin as a Promising Therapeutic Option for Cancer Cachexia." CELLULAR PHYSIOLOGY AND BIOCHEMISTRY 48, no. 5 (2018): 2172–88. https://doi.org/10.1159/000492559.
8. Guru, N., Guru, B., 2020. Carcinoma prostate presenting as abdominal lump without osseous metastasis: A rare case report. Journal of Datta Meghe Institute of Medical Sciences University 15, 686–689. https://doi.org/10.4103/jdmimsu.jdmimsu_341_20
9. Quazi, S., Gajbhiye, V., Khan, S., Nagpure, S., 2020a. Efficacy of tramadol in comparision with diclofenac in ureteric colic patients brought to a medical college in central India-A prospective observational study. International Journal of Current Research and Review 12, 103–109. https://doi.org/10.31782/IJCRR.2020.103109
10. Shelotkar, P., Borage, S., 2019. Ethical issues in cancer care through Ayurveda. Journal of Datta Meghe Institute of Medical Sciences University 14, S95–S96. https://doi.org/10.4103/jdmimsu.jdmimsu_207_19

11. Deshpande, P., Gupta, V., Bhake, A., 2018. Methylation pattern of retrotransposons: Biomarker for human cancer. Journal of Datta Meghe Institute of Medical Sciences University 13, 66–70. https://doi.org/10.4103/jdmimsu.jdmimsu_3_18
12. Abbafati, C., Abbas, K.M., Abbasi-Kangevari, M.,2020b. Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. The Lancet 396, 1223–1249. https://doi.org/10.1016/S0140-6736(20)30752-2