

PROSTATIC ADENOCARCINOMA IN A PATIENT WITH MULTIPLE SCLEROSIS

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Background: There is reasonably strong evidence that both multiple sclerosis (MS) and prostate cancer (PC) are associated with diminished vitamin D levels. Also, such diseases share similar geographic distributions (prevalence of MS and mortality rate from PC increase with latitude). To our knowledge, the possible relationship between MS and PC has not been studied yet. Objective: To report the case of a MS patient who developed PC. Case Report: A 43-year-old man from south Brazil, with a 10-year diagnosis of MS, was admitted to hospital due to recent onset of neuropsychiatric symptoms. He presented the secondary progressive form of MS (EDSS score: 7,0) and was using interferon beta-1a. The diagnosis of type I bipolar disorder was made, and risperidone and valproate were started, with ensuing improvement of the symptoms. During the hospitalization, after complaints of urinary urgency and incontinence, he was found to have a prostatic nodule on rectal examination, as well as an elevated PSA level (5,32 ng/mL). Urinary tract ultrasonography confirmed the presence of such nodule, and percutaneous biopsy showed prostatic acinar adenocarcinoma, Gleason's grade 6 (3+3). Urodynamic evaluation demonstrated overactive bladder. He underwent 39 radiotherapy sessions, achieving good response and reduction of PSA to 0,81 ng/mL after 1 year. Throughout this period, neurological status was unchanged. Conclusions: A better comprehension of the role of vitamin D in the pathogenesis of MS and PC is still lacking. Further studies about the relationship between such diseases will be welcome.