

Clinical Image

Unilateral Involvement of the Vas Deferens in Prostate Cancer

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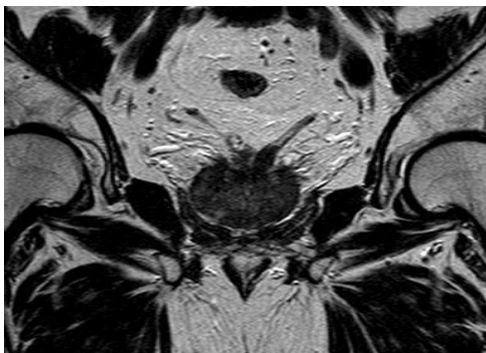
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A 70 year old diabetic presented with nocturia and a PSA of 36/ ng/ml. There was no history of retention or disseminated disease.

Rectal examination revealed a neoplastic prostate. His MRI report revealed a T3b prostate cancer with presumed unilateral involvement of his left vas deferens on a coronal section, (**Figure**). Final histology revealed a Gleason score 7 adenocarcinoma. He was treated with external beam radiotherapy and hormonal therapy.



Direct tumour extension from bladder and prostate cancer may involve the vas deferens [1] but primary neoplasms are rare. Amyloid deposits involving the vas are also rare [2] but may mimic tumour extension. Idiopathic calcification is seen in elderly diabetics but is usually bilateral [3]. In prostate cancer patients who are shown to have pathological vasa on imaging, and who are treated with radiotherapy alone, other differentials should be considered as surgical specimens are unavailable for final analysis.

References

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