

4th International Webinar on Clinical Microbiology and Immunology

October 27, 2021

Solitary fibrous tumor of the prostate: A case report

Dalila Ahnou

Department of Radiology, University Algiers, Algiers, Algeria

INTRODUCTION: Solitary fibrous tumors (SFTs) are rare tumor described for the first time in the pleura, urogenital localizations are exceptional, the diagnosis is mainly made by immunohistochemistry.

OBSERVATION: We report here the case of a 77 year old patient who consulted us for pollakiuria with dysuria without hematuria evolving for two months.

The rectal examination revealed a hard left prostatic mass. Biological tests were normal.

A radiological workup consisting of an ultrasound and an abdominopelvic CT scan revealed a large heterogeneous left pelvic mass, pushing the bladder forward and the rectum backward. The MRI performed to better characterize this lesion revealed a mass developed at the left seminal vesicle in T1 hypo signal, in T2 intermediate signal with a restriction in diffusion imaging, enhanced after injection of Gadolinium.

The diagnosis of solitary fibrous tumor was made after trans rectal biopsy. Immunohistochemistry showed that the cells strongly expressed CD34 and anti-Bcl2 and were stained positive for CD 99 expression, but negative for progesterone receptors: Progesterone (PR), smooth muscle actin (AML), anti-pancytokeratin(AE1/AE3), PS100 and anti-CD117 thus ruling out a primary prostate stromal tumor, a carcinomatous process, a peripheral sheath nerve tumor and a gastrointestinal stromal tumor.

The patient underwent surgery and benefited from a radical prostatectomy with lymph node dissection.

Microscopic study revealed a prostatic parenchyma with a mesenchymal proliferation well circumscribed by a conjunctive capsule with healthy surgical margins with an immunohistochemical profile of a solitary fibrous tumor (CD34, Bcl2, CD99 positive).

Conclusion: Solitary fibrous tumors are most often located in the pleura,

Prostatic localization is rare, MRI is much more sensitive than CT and ultrasound to delineate the origin of the tumor, the presence of hypointense foci in T1 and T2 is very suggestive. Anatomopathological examination, completed by an immunohistochemical study, allows confirmation of the diagnosis.

Biography

Dalila Ahnou, Department of Radiology, University Algiers, Algiers, Algeria. Research interests are Radiology, Immunology, Histology.

adalilabn@yahoo.fr