A 65-year-old man was referred to our hospital for the further evaluation and treatment of prostate cancer. On ‘3-Tesla’ magnetic resonance imaging, an irregular low-intensity tumor, located mainly in the transition zone was demonstrated on T2-weighted imaging. The tumor extended slightly out of the prostate capsule on the ventral side (Fig. 1). We decided to undergo surgical resection for cure, although it is T3N0M0, Stage III, and could be a candidate for nonsurgical treatment. Therefore, we performed modified radical prostatectomy, preserving the bilateral neurovascular bundles.

Histological examination revealed a moderately differentiated adenocarcinoma that located mainly in the transition zone and involving the peripheral zone of the left lobe (Fig. 2; a colour version of this figure is available as supplementary data at http://www.jjco.oxfordjournals.org). The cancer cells expanded beyond the prostatic capsule ventrally, but the surgical margin was negative. Six months after surgery, the patient is doing well without any sign of recurrence, urinary incontinence or erectile dysfunction. The serum prostate-specific antigen level is under 0.1 ng/ml.

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