

## **CASE 1: Mr. M.O., 68 Years Old**

### **History**

→ **Chief Complaint:** Progressive difficulty in urination over 6 months.

→ **History of Presenting Illness:**

- ◆ Initially experienced hesitancy and weak urinary stream.
- ◆ Over time, developed intermittent stream, straining during urination, and nocturia (4-5 times).

Last 2 months: episodes of incomplete voiding and terminal dribbling.

- ◆ Recent onset of dull, non-radiating lower back pain.
- ◆ Denies fever, dysuria, or hematuria.

→ **Past Medical History:** Hypertension x 15 years, well-controlled. No history of diabetes.

→ **Past Surgical History:** None.

→ **Drug History:** Amlodipine 10 mg daily.

→ **Family History:** Father died of "prostate issues" at 72.

→ **Social History:** Retired civil servant, non-smoker, drinks traditional brew occasionally. No history of STIs.

→ **Systemic Review:** No weight loss, but reports reduced appetite recently.

### **Examination**

→ **General:** Elderly man, alert. Mild pallor. Vitals normal.

- **Abdominal:** Non-tender, no masses. Bladder not palpable.
- **Digital Rectal Exam (DRE):** Prostate firm, nodular, asymmetrical; median sulcus obliterated.
- **Neuro Exam:** Normal tone and reflexes. No saddle anesthesia.

### **Laboratory Findings**

- PSA: 67 ng/mL (elevated)
- Hemoglobin: 11.2 g/dL (mild anemia)
- Creatinine: 143 µmol/L (elevated)
- Transrectal ultrasound (TRUS): Prostate volume 55 cc, hypoechoic lesion in peripheral zone.
- Biopsy: Adenocarcinoma, Gleason score 7 (3+4)

### **Diagnosis**

- Prostate cancer

## **CASE 2: Mr. K.J., 74 Years Old**

### **History**

- **Chief Complaint:** Bone pain and fatigue.
- **History of Presenting Illness:**

- ◆ 4-month history of worsening pain in lower back, hips, and thighs.

- ◆ Associated with generalized weakness and unintentional weight loss (5 kg in 2 months).
- ◆ No urinary symptoms initially, but recently developed nocturia and weak stream.

→ **Past Medical History:** Gout, managed with allopurinol.

→ **Family History:** Brother had prostate cancer.

→ **Social:** Retired teacher, non-smoker, teetotaler.

### **Examination**

→ **General:** Cachexic, tender over lower lumbar vertebrae.

→ **Spine:** Point tenderness L4-L5.

→ **DRE:** Enlarged, hard prostate with irregular surface.

### **Lab Findings**

→ PSA: 146 ng/mL

→ ALP: Elevated (bone isoenzyme)

→ Plain X-ray: Sclerotic lesions in lumbar spine and pelvis.

→ Bone scan: Multiple osteoblastic metastases.

### **Diagnosis**

Prostate cancer

## **CASE 3: Mr. D.N., 61 Years Old**

## History

→ **Chief Complaint:** Hematuria and urinary retention.

→ **Presenting Illness:**

- ◆ Sudden painless hematuria followed by inability to pass urine.

- ◆ History of LUTS for a year—ignored symptoms.

→ **Social:** Matatu driver, smokes 10 cigarettes/day for 30 years.

→ **PMH:** Peptic ulcer disease.

## Examination

→ Distended bladder palpable.

→ DRE: Hard, nodular prostate.

## Labs

→ PSA: 98 ng/mL

→ Creatinine: 180 µmol/L

→ Cystoscopy: Obstructing mass at bladder neck.

→ Biopsy: Adenocarcinoma, Gleason 8.

## Diagnosis

→ Prostate cancer

## CASE 4: Mr. B.W., 65 Years Old

## History

→ **Complaint:** Erectile dysfunction and perineal discomfort.

→ **HPI:**

- ◆ ED began 1 year ago, progressive.
- ◆ Perineal heaviness and discomfort for 3 months.
- ◆ Urinary frequency and urgency but denies hematuria.

→ **SH:** Retired army officer, denies alcohol, ex-smoker.

**Examination**

→ DRE: Indurated, fixed prostate.

**Labs**

→ PSA: 76 ng/ml

→ MRI: Capsular breach and seminal vesicle involvement.

→ TRUS biopsy: Gleason 9.

**Diagnosis**

→ Prostate cancer

**CASE 5: Mr. T.K., 70 Years Old**

**History**

→ **Complaint:** Chronic constipation and pelvic discomfort.

→ **HPI:**

- ◆ Trouble passing stool, sense of incomplete evacuation.
- ◆ Recently developed urinary frequency and urgency.

→ **SH:** Widower, lives in rural Kisii. Herbal medication use.

**Examination**

- DRE: Massive prostate enlargement, hard and fixed.
- PR exam: Rectal mucosa intact but compressed.

### **Labs**

- PSA: 104 ng/mL
- Colonoscopy: Normal mucosa, external compression.
- Biopsy: Prostatic adenocarcinoma, Gleason 7.

### **Diagnosis**

- Prostate cancer