

**PHYSICAL EXAMINATION:**, This 71-year-old man went to his primary care physician for a routine physical. His only complaints were nocturia times two and a gradual "slowing down" feeling. The physical examination on 1/29 was within normal limits except for the digital rectal exam which revealed an asymmetric prostate gland with nodularity, R>L. PSA was elevated. The differential diagnosis for the visit was abnormal prostate, suggestive of CA.,**IMAGING:** ,CT pelvis: Irregular indentation of bladder. Seminal vesicles enlarged. Streaky densities in periprostatic fat consistent with transcapular spread to periprostatic plexus. Impression: prostatic malignancy with extracapsular extension and probable regional node metastasis.,Bone scan: Negative for distant metastasis.,**LABORATORY:**, PSA 32.1,**PROCEDURES:**, Transrectal needle biopsy of prostate. Pelvic lymphadenectomy and radical prostatectomy.,**PATHOLOGY:** ,Prostate biopsy: Moderate to poorly differentiated adenocarcinoma in the right lobe and poorly differentiated tubular adenocarcinoma in the left lobe of prostate.,Lymphadenectomy and prostatectomy: Frozen section of removed pelvic lymph nodes demonstrated metastatic adenocarcinoma in one lymph node in the right obturator fossa. Therefore, the radical prostatectomy was canceled. ,Final pathology diagnosis: Pelvic lymphadenectomy; left obturator fossa, single negative lymph node. Right obturator fossa; metastatic adenocarcinoma in 1/5 lymph nodes. Largest involved node 1.5 cm.,**TREATMENT:** , Patient began external beam radiation

therapy to the pelvis.