

LINC



# Advanced Stage Metastatic Prostatic Adeno-carcinoma Causing Bilateral Extensive DVT & Infra Renal IVC Thrombosis...

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# Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

Consulting

Employment in industry

Stockholder of a healthcare company

Owner of a healthcare company

Other(s)

I do not have any potential conflict of interest

# Specific Object & Purpose of study

To evaluate best surgical, Urological, Endovenous or Interventional Oncological management for advanced stage metastatic Prostatic Adenocarcinoma (Ca Prostate) and it's major complications such as Malignancy induced deep vein thrombosis & hyper coagulable state.

**49yr/Male,  
Having both legs "Extensive chronic DVT"  
Reaching upto Infra-renal IVC, Early changes of 'Portal hypertension'.**

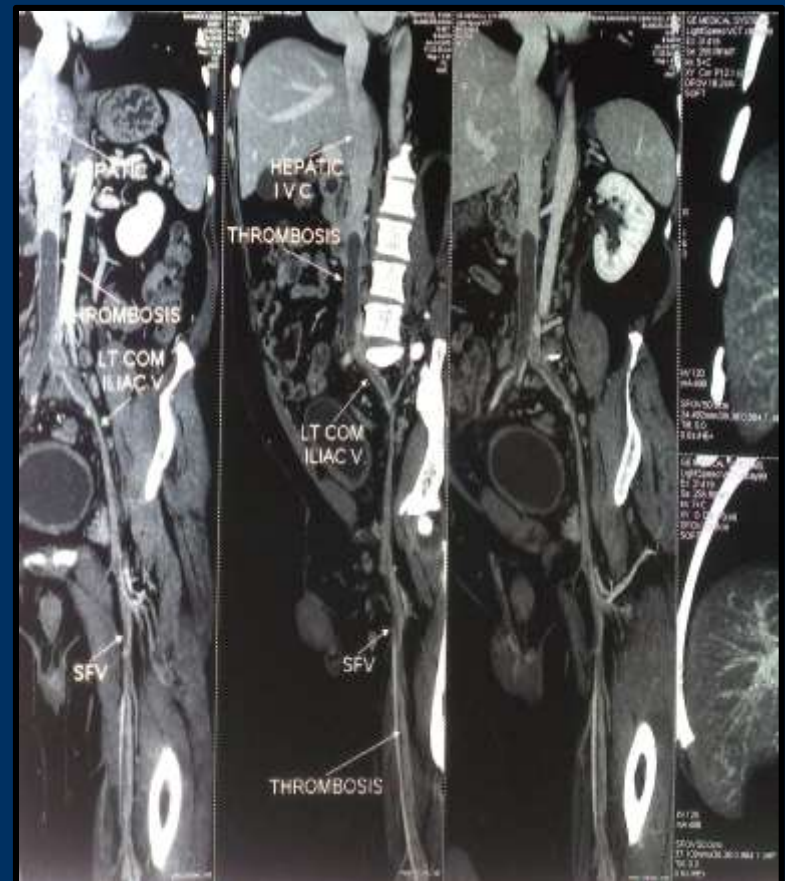
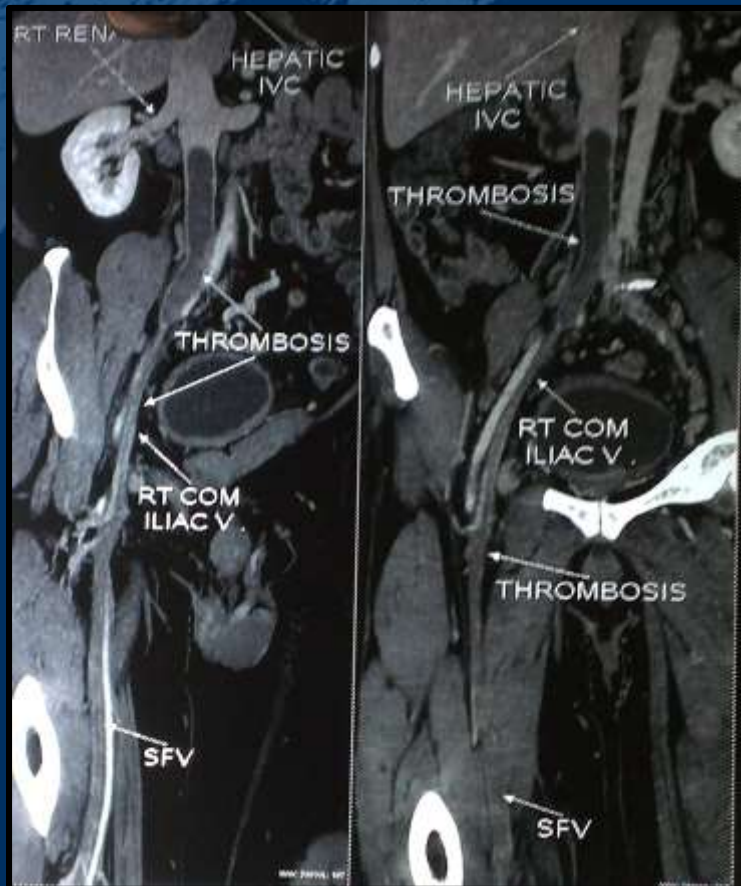


# Methods & Sources

1. Abdominal & Pelvis duplex ultrasound scanner
2. Multi Row detector CT scan contrast Venography study of Iliocaval & femoral region.
3. Histopathological report of prostate gland biopsy (Ultra sound guided)
4. Specific prostate antigen, Cancer biomarkers, Coagulation profile & Other important Laboratory investigations.
5. Both legs Asending contrast Venography & IVC Gram.

# Multi Row detector CT scan contrast Venography study of Ilio-caval & femoral region.

Extensive Infra renal IVC Thrombosis with femoral veins extension





## No Thrombus in Hepatic- Portosystemic Venous System



## Gross Thrombosis (DVT) in Bilateral ilio-femoral veins



# Histopathological report of prostate gland biopsy (Ultra sound guided)

## HISTOPATHOLOGY REPORT

SPECIMEN	: Prostate biopsy
CLINICAL	: --
GROSS	: 1) (Right lobe of prostate biopsy)- Received prostatic cores measuring 1- 1.3 cm in length each 3 cores (A) 2 cores (B) 2) (Left lobe of prostate biopsy)- Received 3 fragmented cores (C)
MICRO	: --
DIAGNOSIS	: 1) Right lobe of prostate- Prostatic adenocarcinoma - Gleason's score 3+4= 7/10 - The all 5 cores are involved by the tumour - Approximate tumour volume= 90% - Perineural invasion seen 2) Left lobe of prostate- Prostatic adenocarcinoma - Gleason's score : 3+4= 7/10 - The all 3 cores are involved by the tumour - Approximate tumour volume : 60% - Perineural invasion not seen

## His "TRUS-10 core Prostate biopsy" reveals-

1. Gleason's score 7/10  
Prostatic Adenocarcinoma with 90% tumour volume & Perineural involvement in Rt.lobe.
2. 60% Tumour volume without perineural involvement in Lt.lobe.



Very high levels of Specific prostate antigen (Serum PSA), Cancer biomarkers, Coagulation profile & Other important Laboratory investigations are indicative of high grade malignant, metastatic prostate gland cancer causing malignancy induced extensive DVT.

# Both legs Asending contrast Venography & IVC Gram.



# What would be Next line of actions?

1. Bilateral Orchiectomy Surgical Castration for Testosterone suppression.
2. Can it be possible to perform "Catheter guided Radio/Chemo-embolisation with Tyrosine kinase Micro/Embospheres in Prostate artery?"
3. Temporary IVC Filter with IVC-bilateral iliac veins stenting to prevent Pulmonary embolism and relieve obstructive venous hypertension.
4. Life long newer oral anticoagulants like factor Xa inhibitors and Aspirin, Clopidogrel & Full length Compression Stockings.
5. Expecting focal tumor embolisation with reversible RF extra-polation technique to prevent growth of Adenocarcinoma.

# Results

1. Our Urologist did "Bilateral Orchiectomy" in order to prevent Testosterone stimulation of Prostate in Carcinomatous status and Hormonal replacement will increase patient's life expectancy to 15yrs max...
2. Infra-renal IVC Filter planned to prevent bilateral renal vein thrombosis but Not useful option since filter will block entire IVC.
3. IVC and bilateral Ilio-femoral venous stenting is under consideration to relieve venous congestion and channelize superficial venous drainage from both legs into IVC if possible. Approach-Trans-jugular Bidirectional IVC Stenting.

4. Patient is switched over to "Newer oral anticoagulants" like Factor Xa inhibitors and Aspirin, Clopidogrel along with Full length Cl.2 Sigvaris pure cotton Compression stockings.
5. We also expect "Focal tumor embolisation with Reversible RF Extra-polation" technique, IRE may also work to prevent Adenocarcinoma growth!!



# Conclusion

- Poor Prognosis from multiple angles.
- Patient will need life long anticoagulation with low molecular weight heparin (LMWH-Enoxaparin) to prevent extension of thrombosis & recurrent DVT.
- IVC reconstruction may not be worth.
- IVC filter deployment not possible since no good inflow from below ilio-femoral veins.

# Take Home Message

Very limited role of Endovascular Therapies and IR  
Consultants can not manage Vascular complications of  
Aggressive Prostatic Adenocarcinoma.

Considering limited life expectancy in such advanced stage  
malignant, aggressive prostatic Adenocarcinoma; Palliative  
medical management is the only option left.

THANK  
YOU

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