

THIS IS THE HISTORY OF MR. O.C

Today Mr. OC is 62 years,
but his history began 10 years ago



The beginning


- ▣ Aug 2010 Steward – routine health check shows irregular prostate gland. Biopsy with Prostate Cancer G1 7 (4+3) in left lobe.
- ▣ Sep 2010 Open prostatectomy and excision of iliac glands bilat.
- ▣ Histology pT2 maybe pT3 – not free resection site apically
- ▣ Rising PSA after only 6 weeks. pT2cN0M0
- ▣ 2011 Salvage radiation

Complications part 1

- ▣ 2011 LUTS – polyuria, urge and urethritis.
- ▣ Radiation cystitis – bladder installation and antimuscarin treatments without effect.
- ▣ Rec. cystitis with Enterococcus faecalis and E.coli
- ▣ Normal flexcystoscopy (several times) PSA < 0.1
- ▣ 2012 Sigmoidoscopy with no signs of fistula.
- ▣ 2013 Rec. cystitis and macroscopic hematuria
- ▣ Stone formation in anastomosis area
- ▣ Bladder stone treatment endoscopically – effect



Complications part 2

- ▣ 2013-2017 PSA control by GP
- ▣ 2017 referred because of constantly bladder pain and cystitis after treatment of urethra stricture. Flexcystoscopy with papillomatoses, edema and bleeding. CT uro normal.
- ▣ Aug 2017
 - TUR-B : signs of radiation sequela
 - PET-CT with leakage from bladder to area  front of symphysis. Osteitis suspicion.
 - Admitted because of morphine demanding pain in bladder area, symphysis and the legs. KAD + pain treatment.

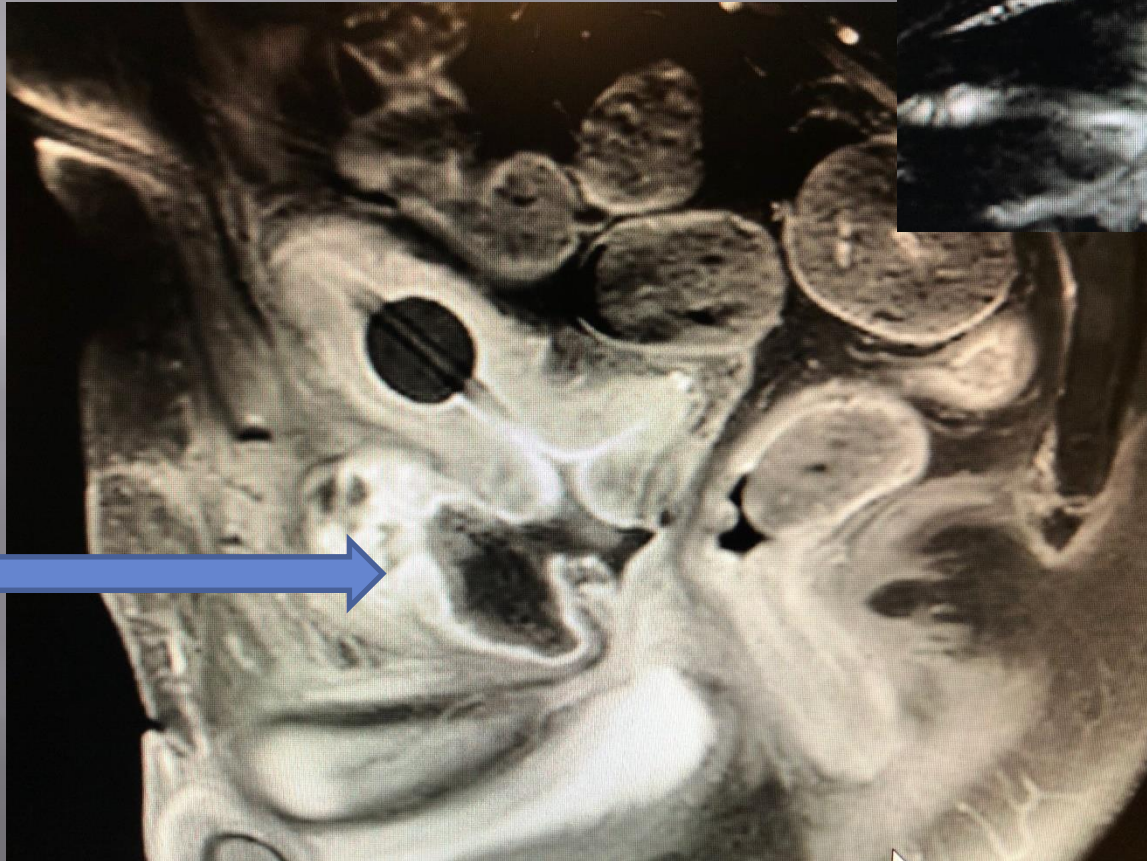
Complications part 2

- ▣ Aug 2017 Back and forth discussion of osteitis signs – need for medicine or surgical treatment or not. (Orthopedic, Infectious, X-ray, Urological).
 - Conclusion: no need for biopsy and other surgical treatment.
- ▣ Conservative treatment:
 - KAD, AB and for pain ESWT with some effect.
 - But still morphine and gabapentin demanding pain in perineal area. Discharged from hospital after 1 month. Conservative treatment + iv AB.
- ▣ Nov 2017 CT with progression and leakage going down in right femur soft tissue.
 - Suprapubic catheter because of urethral catheter discomfort, pain and no healing progress.

What to do, doc?

- ▣ Biopsy from suprapubic bone with no signs of osteitis
 - Orthopedic revision showing abscess in the area going down to the leg.
- ▣ AB for 6 weeks (iv+po). CT with regression of abscess area but still fistula and osteitis signs
- ▣ April 2018 Pain unchanged. Second opinion. Discussion for better recovery – bilat. nephrostomy or urostomy
 - without cystectomy because of increased risk for bad outcome because of earlier operation and radiation area with ongoing infection.
- ▣ Short period with less pain and CT sign of early recovery. Then again more pain and CT with progression of fistula, osteitis and muscular infection.

MR July 2018



MR Aug. 2018

Treatment part 1

- ▣ Nephrostomies bilat. (balloon catheter drainage)
 - Little effect on pain but without sufficient effect on fistula and infection.
- ▣ Hyperbaric oxygen treatment (pressure chamber)
 - 30 treatments with little effect on pain and osteitis
- ▣ May 2019
 - Operation for bone and muscular (adductor) infection with intraoperative AB mesh.
- ▣ Back and forth some effect.
 - Reconsideration regarding urostomy.
- ▣ July 2019

Again abscess in adductor muscle area.

 - Drainage with effect but still pain and infection with the need for iv AB



Treatment part 2

- ▣ Aug 2019 Urostomy (Bricker)
 - complicated by left ureter leakage and nephrostomies bilat. for conservative drainage. After 6 weeks the ureter-anastomosis are intact and the both nephrostomies removed.
- ▣ Nov 2019 Infection, continuous fistula and adductor abscess ones more.
 - Cystectomy and symphyses cleaning (+ AB bone cement in placement). Very difficult because of adherent tissue
 - AB iv 6 weeks combined with fluconazol treatment because of bacterial and candida ostit (intraoperative biopsy).
- ▣ Jan 2020 Free of pain. CT and MR are very fine



OC is going on his first vacation in several years.



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