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PULMONARY PUZZLE

Bilateral pulmonary alveolar infiltrate and prostate tumour in a 54-year-old man

Clinical presentation

A 54-year-old man presented with a 6-month history of cough, dyspnoea, weight loss and obstructive urinary symptoms. One week before admission to hospital he complained of urinary retention and left lumbar pain. The digital rectal examination was abnormal with a firm and significantly enlarged prostate. The serum prostate-specific antigen level was 0.05 ng/ml and the serum creatinine level was 1.9 mg/dl. Ultrasonography and CT scanning of the pelvis showed a 150 g prostate tumour with invasion of the bladder and left ureteral meatus causing an uretero-hydronephrosis and enlargement of the pelvic lymph nodes (fig 1A). Perihilar bilateral alveolar filling pattern was seen on the chest radiograph (fig 1B) and a CT scan of the chest revealed a crazy paving pattern characterised by normal pulmonary areas superimposed on an area of ground-glass opacity and thickening of the interlobular septa (fig 1C).

Question

What is the relation between the prostate tumour and the pulmonary disease?

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Figure 1 (A) CT scan of the pelvis showing a prostate tumour with bladder invasion. (B) Chest radiograph showing a bilateral perihilar alveolar infiltrate. (C) Chest CT scan showing ground-glass opacity.