THE MANAGEMENT OF SEVERE ANEMIA IN METASTATIC PROSTATE CANCER: A CASE REPORT ON THE USE OF ERYTHROPOIETIN, IRON THERAPY AND ADJUNCTIVE CARE

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Introduction: Prostate cancer is the commonest malignancy in men after skin cancer. In metastatic prostate cancer, the sources of anaemia are multiple – haematuria, nutritional anaemia from anorexia, urinary tract infection, chronic kidney disease from neglected obstructive uropathy, bone marrow metastasis and uncommonly, haematochezia from rectal infiltration. In patients who have anaemia, a multidisciplinary and multifocal approach to resuscitate and correct anaemia yields good results.

Case Summary: We report the care of a 65year old male Jehovah's Witness referred to us in July 2023 with a history of bothersome lower urinary tract symptoms (LUTS) on urethral catheter and recurrent haematuria with a PCV of 14%, PSA of 1206ng/mL, hard nodular prostate and obstructive uropathy. He was co- managed with the Nephrologist and Laboratory Scientist. Thorough clinical, radiological and laboratory evaluation, periodic re-evaluation, use of erythropoietin, intravenous iron, urinary diversion and haemodialysis were all employed in an environment of hope. PCV rose from 14.2% to 16% then 18.7% and now at 22.6% over a total period of 2 months. Patient was placed on hormonal manipulation medication for the malignancy.

Conclusion: Severe anaemia as a complication of metastatic cancer can be managed without blood transfusion by multidisciplinary and multimodal care with judicious use of intravenous iron and erythropoietin.

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