



Clinical case

Prostate Cancer in Patients Under 45 Years: A Report of Two Cases at the University Hospital of Cocody

Cancer de la prostate chez le sujet de moins de 45 ans :à propos de deux cas au CHU de Cocody

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Résumé

Nous rapportons deux cas de cancer de la prostate survenu avant l'âge de 45 ans. Un patient a été traité par une hormonothérapie seule. L'autre par une association hormonothérapie et chimiothérapie. Le cancer a été diagnostiqué au stade métastatique dans les deux cas. Il était très agressif, le décès est survenu moins d'un an après le début du traitement.

Mots-clés : cancer prostate, jeune, Cocody.

Abstract

We report two cases of prostate cancer occurring before the age of 45 years. One patient was treated with hormone therapy alone. The other with a combination of hormone therapy and chemotherapy. The cancer was diagnosed at the metastatic stage in both cases. It was very aggressive, and death occurred less than one year after the start of treatment.

Keywords: prostate cancer, young, Cocody.

Introduction

Prostate cancer is the leading cancer in men worldwide and in Cote d'Ivoire. It is a disease of the elderly, although its incidence is increasing in young subjects [1, 2, 3]. To our knowledge, studies on prostate cancer in young subjects have been rare in sub-Saharan Africa. Thus, we propose through this study to report two observations of prostate cancer in patients aged under 45 years.

Clinical cases

Case n°1

A 43-year-old patient consulted for bone pain. He had no particular medical or surgical history and no family history of cancer. Examination on admission revealed a stable patient with poor general condition (WHO Performance Status (PS) 3), soft bilateral lower limb oedema (LLO) predominantly on the

right, swelling of the external genital organs (EGO), pelvic bridle, and pain on mobilization of the spine. Clinical and paraclinical investigations (total PSA = 200 ng/ml and prostate biopsy) led to the conclusion of prostate adenocarcinoma Gleason 9(4+5), ISUP 5. The extension workup: Thoraco-Abdominal CT scan, pelvic MRI, and bone scintigraphy allowed classification as T4N1M1b. After multidisciplinary consultation meeting, treatment consisted of hormonochemotherapy (LHRH analogue + anti-androgen and Docetaxel). He also received adjuvant treatment (urinary catheter, blood transfusion, analgesic). The evolution was marked by regression of oedema and bone pain and improvement of general condition (WHO PS 1). The control total PSA performed at M3 was 91 ng/ml.

However, at M5, after 4 chemotherapy sessions, the patient presented with dyspnoea for which investigations allowed the diagnosis of pulmonary embolism. The patient died from this embolism 5 months after diagnosis.

Case n°2

A 44-year-old patient admitted to our department for obstructive renal failure (ORF). He had a history of transurethral resection of the bladder (TURB) performed in Morocco, the histology results of which had not arrived. Examination on admission revealed an emaciated patient (weight loss quantified at 40%), with altered general condition (WHO PS 3), bilateral soft and painless LLo, swelling of the EGO. Rectal examination revealed pelvic bridle. Paraclinical examinations notably showed total PSA = 134 ng/ml, a uro-CT scan revealing a bladder trigone tumour, a prostate volume of 105 cc, and bilateral hydronephrosis. Immunohistochemistry performed on chips from a new TURB performed in our department revealed prostate adenocarcinoma with bladder invasion. The extension workup, notably a thoraco-abdomino-pelvic CT scan, allowed classification as T4N1M1b.

After multidisciplinary consultation meeting, treatment consisted of androgen suppression alone

(LHRH analogue + anti-androgen).

Adjuvant treatment was bilateral percutaneous nephrostomy (PCN), blood transfusions, and analgesics.

The evolution was marked by improvement of general condition (WHO PS 2), disappearance of oedema and swelling of the EGO. The control total PSA at M3 was 32 ng/ml and at M6 was 10 ng/ml. A JJ stent descent was then performed (for patient comfort). The evolution was marked 10 months after the first consultation by the appearance of seeding nodules on the pelvis (Figure 1) and a rise in total PSA to 58 ng/ml with low testosterone levels. We diagnosed castration-resistant prostate cancer and indicated chemotherapy. Unfortunately, death occurred before chemotherapy, less than 12 months after the first consultation in our department.



Figure 1: Seeding nodules on the pelvis.

Discussion

Prostate cancer is increasingly frequent in young subjects, although it remains a disease of the elderly [2, 3]. Alioune et al. in Senegal found no cases of prostate cancer before the age of 50 [4]. On the other hand, Darre et al. in Togo found 29 patients under 50 [5]. These 2 observations present the first 2 cases of prostate cancer in patients under 45 in our department. Risk factors for prostate cancer in subjects under 50 are essentially racial origin and family history of cancer. Prostate cancers occur much earlier in patients with a family history of cancer and of black race [5, 3].

Our observations allowed us to make several observations.

The cancer was not diagnosed during screening but in the course of complication signs. It was very aggressive with death occurring within less than one year for both patients. No family history of cancer was found. And total PSA was greater than 100 ng/ml.

This raises the question of whether screening should be limited to 45 years in certain patients considered at risk (family history of cancer).

Regarding treatment, no curative treatment could be offered. We are forced to note that more aggressive treatment, notably tri-therapy, could be more effective; however, in our context such treatment is hampered by lack of financial means and above all patient support. Some studies estimate that when it occurs in young subjects, it has a good prognosis [6]. Others claim that cancer in the elderly is very aggressive and has a poor prognosis [3, 7, 8, 9]. Others still find no significant difference [10]. Based on our study, we lean towards the view that cancer in young subjects has a poor prognosis. This divergence raises questions about the polymorphism of cancers in young subjects and prompts reflection, on the one hand, on the possibility of creating a specific profile of young patients with prostate cancer and, on the other hand, on adapting screening guidelines for prostate cancer to take young subjects into account.

Limits

We did not perform oncogenetic counselling to try to find genetic similarities in the patients. However, it is interesting because it highlights prostate cancers in young subjects without family history of cancer and the limits of learned society recommendations on screening.

Ethical considerations

This study was conducted with the consent of both patients.

Conclusion

We have presented these 2 cases of prostate cancer occurring in patients aged under 45 years, which were very aggressive. Although these cases are rarely observed, we recommend screening for prostate cancer from the age of 40 in black subjects in order to prevent such cases.

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References

- [1] Bray F, Laversanne M, Sung H, Ferlay J, Siegel RL, Soerjomataram I, Jemal A. Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin.* 2024 May-Jun; 74(3): 229-263.
- [2] Bleyer, A., Spreafico, F. and Barr, R. (2020), Prostate cancer in young men: An emerging young adult and older adolescent challenge. *Cancer*, 126: 46-57.
- [3] Sartor, O. (2020). Why is prostate cancer incidence increasing in young men? *Cancer*, 126: 17-18.
- [4] Alioune, S., Yaya, S., Ibou, T., Boubacar, F., Babacar, D., Ahmed, F. P., ... & Assane, D. B.

- (2011). Early detection of prostate cancer in the forties in Senegal. *Progres en urologie*, 21(4), 260-263.
- [5] Darre T, Djiwa T, Kpatcha TM, Padja E, Napo-Koura G, Darre T. Prostate cancers in men under the age of 50: about a series in Togo, Sub-Saharan Africa. *BMC Cancer*. 2022 Dec 21; 22(1): 1341.
- [6] Hussein S, Satturwar S, Van der Kwast T. Young-age prostate cancer. *J Clin Pathol*. 2015 Jul; 68(7): 511-5.
- [7] Joao Vasco Barreira et al. Prostate cancer in young men: our experience. *J Clin Oncol* 37, 133-133 (2019).
- [8] Salinas CA, Tsodikov A, Ishak-Howard M, Cooney KA. Prostate cancer in young men: an important clinical entity. *Nat Rev Urol*. 2014 Jun; 11(6): 317-23.
- [9] Ji G, Huang C, Song G, Xiong G, Fang D, Wang H, Hao H, Cai L, He Q, He Z, Zhou L. Are the Pathological Characteristics of Prostate Cancer More Aggressive or More Indolent Depending upon the Patient Age? *Biomed Res Int*. 2017; 2017: 1438027.
- [10] Huang TH, Kuo JY, Huang YH, Chung HJ, Huang WJ, Wu HH, Chang YH, Lin AT, Chen KK. Prostate cancer in young adults - Seventeen-year clinical experience of a single center. *J Chin Med Assoc*. 2017 Jan; 80(1): 39-43.

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