Although adenocarcinoma of the prostate persists in being the most common form of cancer in men, its clinical behavior does not maintain this type of consistency, waver- ing from extremely aggressive fatal cancers to clinically insignificant, incidental entities. The prevalence of pros- tate cancer at autopsy is remarkably high, increasing from 20% in men in their 50s to up to 80% in men 70 to 80 years of age.¹ There are some histologic findings that are diag- nistic of prostate cancer, one being perineural invasion, which is present in almost 20% of positive prostate biopsies.²,³

During microscopic evaluation of a prostate section from the autopsy of a 74-year-old man with undiagnosed prostate cancer, we encountered several amatory neo- plastic cells surrounding and infiltrating a nerve bundle, lovingly molding it into the shape of a heart (Figure 1). The extent of involvement by the prostate adenocarcinoma in this patient was remarkable, in that it involved the urinary bladder, perirectal soft tissue, bone, lungs, pleurae, and pelvic, abdominal, and thoracic lymph nodes, but yet remained clinically silent. As with any relationship, one must learn to forgive when the combi- nation of circumstances warrants it. In this case, in which the cause of death was not due to complications of the metastatic prostate adenocarcinoma, the cancer may per- haps be forgiven—maybe.

“... they were
so close
that they were a part
of my being,
they were so alive with me
that they lived half my life
and will die half my death.”

—Pablo Neruda

References

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