A 79 year-old patient with family history of father dying of prostate cancer consulted due to a two-month increase in volume of the manubrium sterni. On physical examination a tumor of a hard consistency, fixed, and painless at the manubrium sterni level was confirmed (Figure 1).

The patient also referred mild LUTS, and on digital rectal examination the prostate was slightly increased in size and consistency. Prostate specific antigen was 66 ng/ml and serum alkaline phosphatase 402 U/L. Osteolytic lesions in the manubrium sterni were detected in the thorax lateral radiography, which were later confirmed by CT Scan (Figure 2).
Transrectal ultrasound guided prostatic biopsy was performed and aggressive prostatic adenocarcinoma (Gleason 8) was reported. Bone scan with MDM Tc 99m showed an intense isotope accumulation at the manubrium sterni level (Figure 3), in the left sacroiliac joint and in the fifth lumbar vertebra.

Subalbugineous surgical orchiectomy was performed as a palliative treatment. Six moths after the intervention PSA levels were normal again, metastases remained painless, and the manubrium sterni metastasis has discreetly diminished in size.

Figure 2. Volume increase of the manubrium sterni (long arrows) and osteolysis (small arrows) can be seen on the X ray film upper section. The extensive osteolysis at that level is confirmed by CT scan below.

Figure 3. Bone scan image showing augmented uptake at the manubrium sterni.