

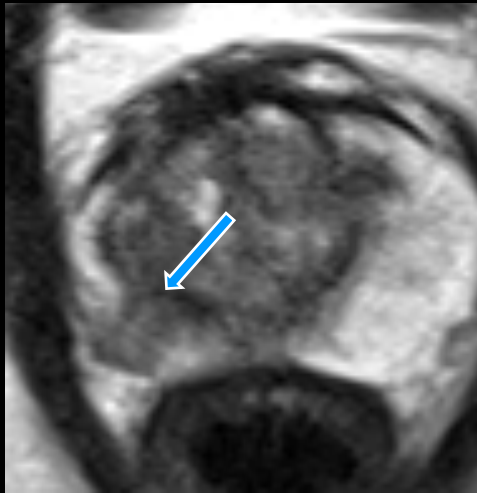
Prostate Cancer of PZ: Mimicking Prostatitis on ADC at 3T Without Endorectal Coil



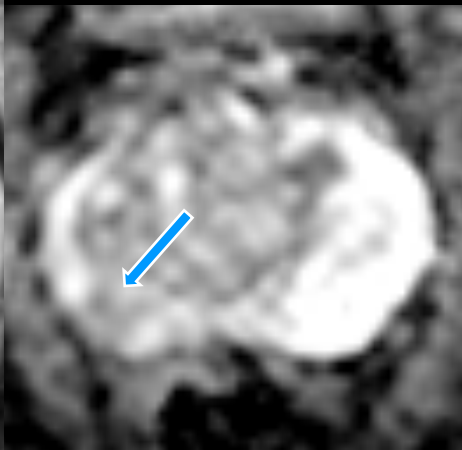
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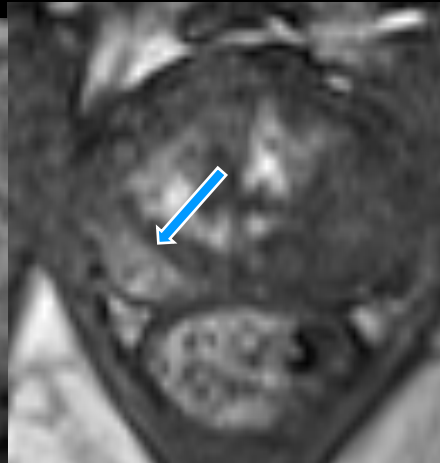
62 years old, PSA 5.1, no prior TRUS



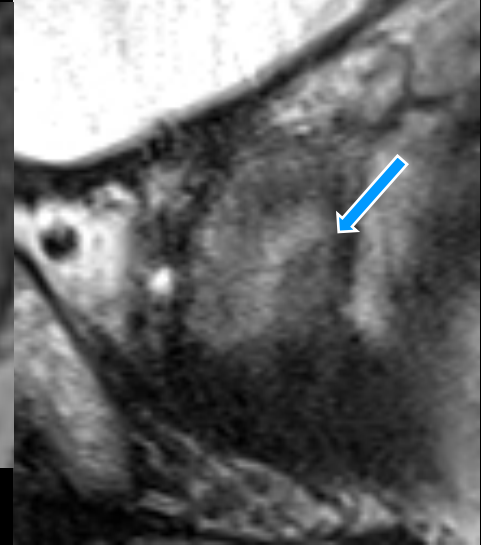
T2 Axial



ADC



DCE



T2 Sagittal

Fig. – **A)** Axial T2 demonstrates a **hypointensity** (arrow) in the left mid PZ of prostate. **B)** ADC shows **mild diffusion restriction** of the lesion (arrow), **mimicking prostatitis**. **C)** DCE demonstrates **early and vivid enhancement** of the lesion (arrow). **D.** Sagittal T2 shows the **hypointensity mass-like** (arrow). US/MRI fusion biopsy confirmed **PCa**, **Gleason score 7**. The patient underwent surgery.

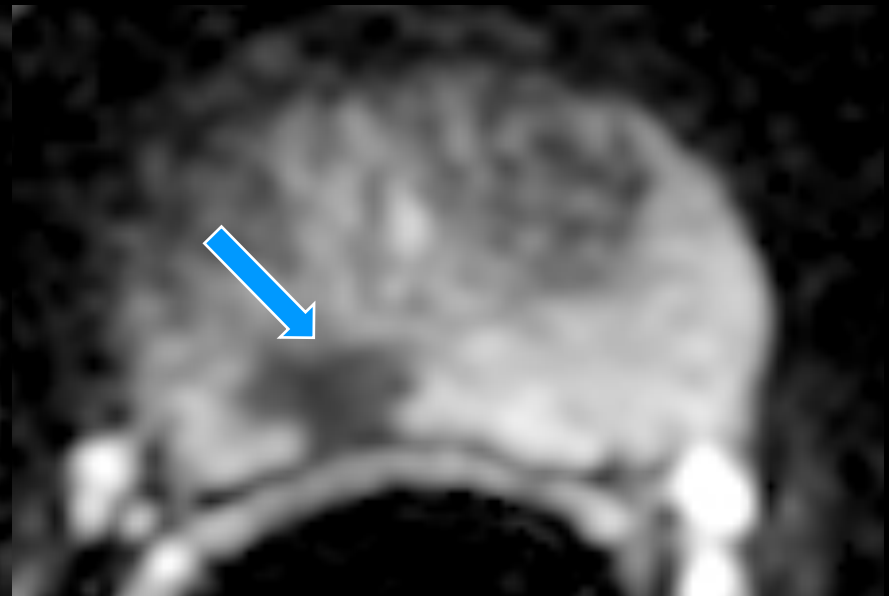
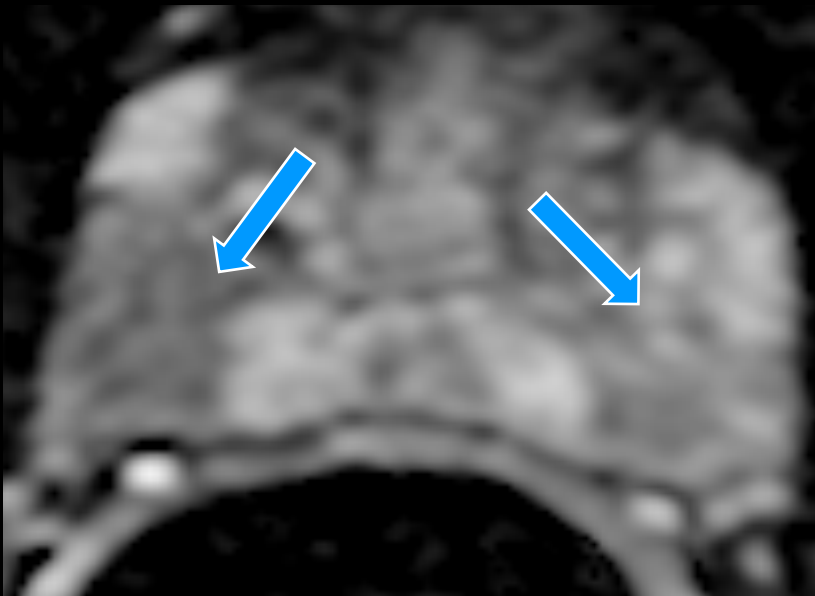
Teaching Points

- Commonly key imaging clue for differentiating PCa from prostatitis is relying on diffusion weighted images
 - Particularly when the prostate MRI was performed with endorectal coil

Prostatitis

vs.

PCa Gleason Score 7



1.5 T with Endorectal Coil

Teaching Points

- Recently, 3T prostate MRI without endorectal coil is becoming popular
 - Most of time, it is **adequate** in diagnosis of PCa
- Sometimes, due to **excess gas** in the rectum and **motion**, diffusion weighted images are **degraded**
 - Diffusion restriction is **mild**
 - Making **PCa mimicking prostatitis**
- Key imaging features in making the distinction:
 - T2 Weighted Imaging: **too focal and mass like appearance** for prostatitis
 - **Early focal enhancement** at DCE

