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

**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