



Clinical Image

Acquired Hypofibrinogenemia as a Paraneoplastic Manifestation of Metastatic Prostate Adenocarcinoma

Sara Tereso¹, Elisabete Mendes², Carlos Machado e Costa³

Received Date:
14-August-2026
Revised Date:
17-August-2026
Accepted Date:
18-August-2026
Published Date:
20-August-2026

¹Resident in Internal Medicine Training, Department of Internal Medicine, Unidade Local de Saúde do Oeste – Hospital Caldas da Rainha, Caldas da Rainha, Portugal; ORCID: <https://orcid.org/0000-0001-9503-7049>.

²Resident in Internal Medicine Training, Department of Internal Medicine, Unidade local de Saúde do Alto Alentejo – Hospital de Portalegre, Portalegre, Portugal, ORCID: <https://orcid.org/0000-0002-1994-7849>

³Senior Consultant in Internal Medicine, Casa Santa Maria (RNCCI/ERPI), Lisboa, Portugal; ORCID: <https://orcid.org/0000-0003-4448-4169>.

Corresponding Author:

Sara Lourenço Tereso, ORCID: orcid.org/0000-0001-9503-7049,
Rua Diário de Notícias, 2500-176,
Caldas da Rainha, Portugal.

Citation:

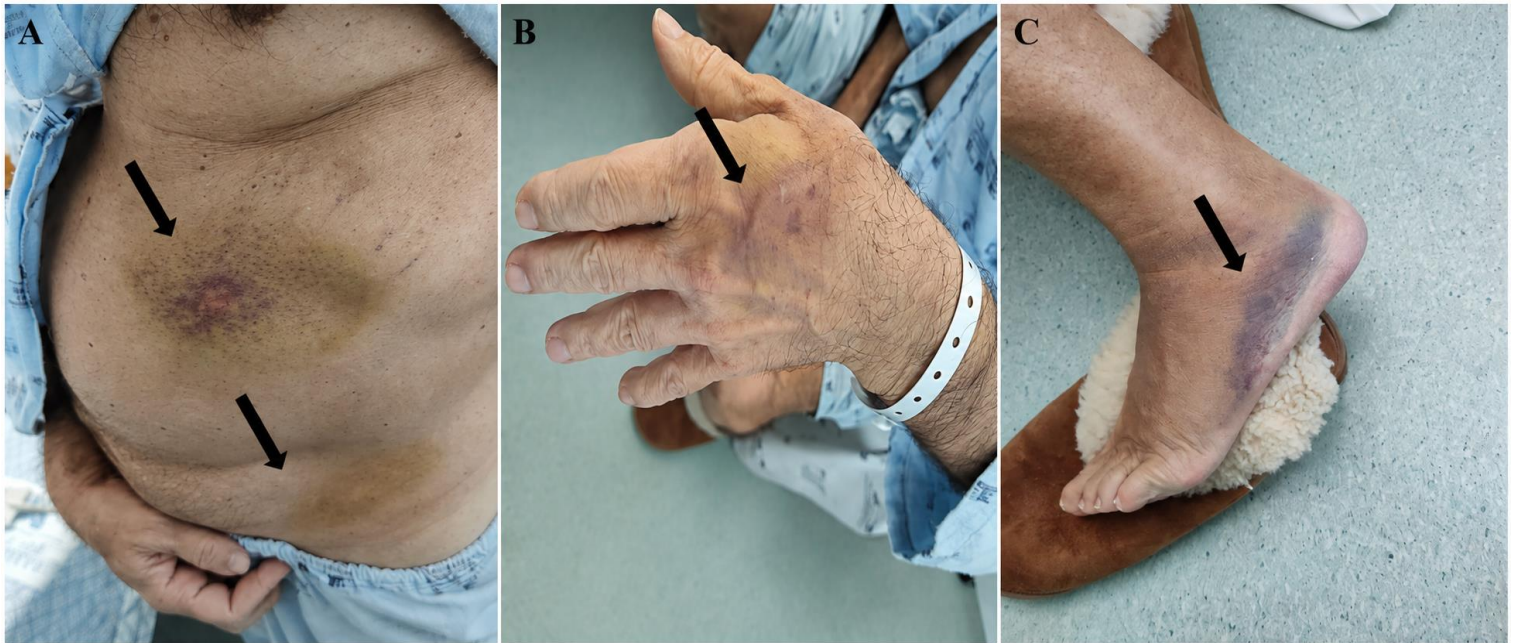
Sara Tereso, Elisabete Mendes
Carlos Machado e Costa (2026).
Acquired Hypofibrinogenemia as a
Paraneoplastic Manifestation of
Metastatic Prostate
Adenocarcinoma. *Euro J Case Rep
Clin Imag.* 2026; August, e22,1-3.

Copyrights:

© Sara Lourenço Tereso, 2026,
et al., This article is licensed under
the Creative Commons Attribution-
Non Commercial-4.0-International-
License-(CCBY-NC)
(<https://europeanjournalofcasereports.com/blogpage/copyright-policy>). Usage and distribution for commercial purposes require written permission.

Image Case Presentation:

A 73-year-old man presented with abdominal pain radiating to the lumbar region with a 3-day evolution, progressive weight loss (20 kg) over the previous year, and no history of trauma or falls. On examination, he had multiple spontaneous haematomas on the abdominal wall, left hand and right foot, at different stages of evolution (Figures 1A, 1B, & 1C). Laboratory tests showed mild bicytopenia, hypercalcaemia, normal amylase, marked hypofibrinogenaemia (81 mg/dL), prothrombin time 17.4 s, INR 1.7, D dimer 34.18 µg/dL, Factor X 36%, and Prostate Specific Antigen (PSA) 3640 µg/dL. Thoraco abdominopelvic computed tomography revealed diffuse osteolytic lesions suggestive of extensive metastasis and moderate prostatic enlargement with an asymmetric left sided protruding area. Transrectal prostate biopsy demonstrated acinar adenocarcinoma of the prostate, Gleason score 7. Based on the clinical and histological findings, and after excluding differential diagnoses, a diagnosis of acquired hypofibrinogenaemia as a paraneoplastic manifestation of metastatic prostate adenocarcinoma was established. He received fibrinogen concentrate for haemorrhagic prophylaxis and vitamin K for INR correction, without long term normalisation. One month after starting degarelix chemotherapy, fibrinogen levels normalised, PSA decreased and the haematomas regressed. Acquired hypofibrinogenaemia as a paraneoplastic manifestation is very rare, [1] typically described in patients with advanced disease at presentation, [2] particularly metastatic and associated with high grade prostate tumours [2]. Unexplained and exuberant haematomas should raise suspicion for acquired hypofibrinogenaemia, requiring early supportive treatment and targeted anti androgen therapy [1-3].



Figures: 1A) Ecchymosis on the upper and lower left quadrants of the abdomen. 1B) Ecchymosis on the left hand. 1C) Ecchymosis on the right foot.

Declarations:

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Informed consent for publication was obtained from the patient's legal guardians.

Data Availability Statement: No new data were created or analyzed in this study. Data sharing is not applicable to this article.

Acknowledgments: Not applicable.

Conflicts of Interest: We confirm that there are no conflicts of interest to declare.

References:

1. Cvetkovic Z, Cvetkovic B, Celeketic D, Libek V, Perunicic PC. Paraneoplastic bleeding disorder due to isolated hypofibrinogenemia: A Case Report. Hippokratia. 2009 Jan-Mar, 13,1:52-54.
2. Ong SY, Taverna J, Jokerst C, Enzler T, Hammode E, Rogowitz E. et al., Prostate Cancer-Associated Disseminated Intravascular Coagulation with Excessive Fibrinolysis treated with degarelix. Case reports in oncological medicine. 2015 Nov, 212543. DOI: 10.1155/2015/212543.
3. Besser MW, MacDonald S. Acquired hypofibrinogenemia: current perspectives. J Blood Med. 2016 Sep, 7: 217-225. DOI: 10.2147/JBM.S90693.



Submit your manuscript to the
European Journal of Case Reports and Clinical Images
(ISSN: 3070-3344)

and benefit from:

- + Convenient online submission
- + Rigorous peer review
- + Immediate publication on acceptance
- + Open access: articles freely available online
- + High visibility within the field
- + Retaining the copyright to your article

Submit your manuscript at

<https://europeanjournalofcasereports.com/>

&

Email: submission@europeanjournalofcasereports.com