BÖLÜM 2.2.

TANIDA RADYOLOJİK GÖRÜNTÜLEME YÖNTEMLERİ

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GİRİŞ

Prostat kanseri, Batı dünyasında erkeklerde en sık görülen deri dışı malignitedir (1). Prostat kanserinin klinik seyri aktif izlem ile yönetilen klinik olarak önemsiz kanserlerden ölümcül sonuçlara sahip çok agresif, hızla yayılan formlara kadar değişir. Prostat kanserinin oldukça heterojen seyri, klinik yönetiminde karmaşıklığa ve zorluklara sebep olmaktadır. Bu bölümde amaç, yönlendiren ve görüntüleyen klinisyenlere (tıbbi onkologlar, radyasyon onkologları, üroloğlar, radyologlar, nükleer tıp doktorları ve moleküler görüntüleyiciler dahil), diğer sağlık uzmanlarına, hastalara ve hasta bakıcılara mevcut en iyi kanıtlara dayalı olarak prostat kanseri olan hastalar için optimum görüntüleme önerileri sağlamaktır. Klinik karar vermeye ve hasta faydasının optimizasyonuna yardımcı olacak risk sınıflandırma araçları geliştirmek için klinikte serum prostata özgü antijen (PSA) seviyesi, histolojik Gleason derecesini ve primer tümörün hacmi yaygın olarak kullanılmaktadır (2).

Görüntüleme, primer tümörün boyutunu belirleme, lokal ve uzak metastazın varlığını ve kapsamını değerlendirmeye yönelik noninvaziv yaklaşımı sayesinde prostat kanser yönetiminde çok önemli bir rol oynar. En yaygın metastaz bölgeleri lenf düğümleri ve kemiklerdir. Visseral metastazlar daha az yaygın olarak bulunur ve genellikle ilerlemiş, kastrasyona dirençli hastalık ve çok sayıda önceki tedaviden sonra ortaya çıkan histolojik varyantlar ile ilişkilidir (3).

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