

**Bölüm 2.4****PROSTAT BİYOPSİSİ**Emin Taha KESKİN<sup>1</sup>**GİRİŞ**

Prostat bezi, anatomik olarak mesane boynu ile ürogenital diyafram arasında, rektumun hemen önünde yer almaktadır. Prostat bezinin iç yapısı geleneksel olarak kendine özgü bir zonal anatomiye sahiptir. Bu zonal anatomi; transizyonel zon (TZ), santral zon (CZ), glandüler dokudan yoksun olan anterior fibromüsküler stroma ve periferel zondan oluşmaktadır (PZ). Erkek ürogenital sisteminin bir parçası olan bu bezden köken alan prostat kanseri dünya genelinde 1.414.259 vaka insidansı ve tüm kanserlerin %7,3'ünü oluşturmakta ve erkeklerde saptanan en yaygın cilt dışı malignitedir. Prostat kanseri transizyonel zonda %10, santral zonda ise %5 oranında saptansa da bir adenokanser türü olduğu için prostat kanseri özellikle prostatın %70ini oluşturan ve glandüler hücrelerden zengin olan periferel zondan gelişmektedir[1].

Prostat kanserinin tanısı prostat biyopsi ile konulmaktadır. 20. yüzyılın başlarından beri kullanılan prostat biyopsisi; prostat bezinden doku örneklerin çeşitli yöntemler ile alındığı minimal invaziv bir prosedürdür. Prostat biyopsisi 1980'lerin sonlarına kadar parmak yardımıyla alınmaktaydı. Ancak transrektal ultrasonun (TRUS) klinik kullanımının artmasıyla günümüzde prostat görüntülemesinin ve özellikle biyopsinin rutin bir parçası haline gelmiştir. Ultrason kılavuzluğunda ilk transrektal sistematik biyopsi 1989 yılında Hogde tarafından 6 kor (sextant) olarak tanımlandı. 90'lı yılların başında PSA'nın prostat kanseri tarama testi olarak FDA tarafından onaylanması sonrasında prostat biyopsisi ve

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## KAYNAKLAR

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