

BÖLÜM 10

Prostat Kanserinde Radyolojik Görüntüleme Yöntemleri

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GİRİŞ

Prostat kanseri ülkemizde 50 yaş üzeri popülasyonda ikinci en sık görülen kanserdir (1). Yaşam süresinin artması, görüntüleme tekniklerinin ulaşılabilir ve uygulanabilir olması ile de görülme sıklığı artmaktadır.

Prostat bezinin görüntülenmesindeki öncelikli amaç lezyonun karakterize edilmesi, malignite tespit edilen hastalarda ise lokal uzanımın ve yayılımın belirlenmesidir. Tanı anındaki tümörün yaygınlığı tedaviye yanıtın, prognozun ve klinik seyrin en önemli belirleyicisidir. Tümörün lokalizasyonu, boyutu, uzanımı ise ekstraprostatik yayılımı öngörmede ve lokal tedavi kararının verilmesinde önemlidir(2).

Prostat bezi görüntülenmesinde ilk basamak ultrasonografidir. BT tetkiki prostat kanseri tanısına katkı sağlamazken prostat MRG ile son yıllarda çekimde ve raporlamada standardizasyonun gelişmesi ile tanı doğruluğunda belirgin artış olduğu görülmektedir. BT, kemik sintigrafisi metastazların tespitinde ve takibinde tercih edilmektedir.

Tümörün boyutu, lobar yapıda invaze ettiği alan (lobun yarısından azı, yarısından fazlası yada her iki lob) kapsüle olan mesafesi, ektrakapsüler uzanım varlığı, seminal vezikül invazyonunun ya da perine gibi seminal vezikül dışı organ invazyonunun varlığı, bölgesel ya da uzak lenf nodu metastazı, kemik ya da kemik dışı organ metastazı TNM sınıflandırmasında değerlendirilen kriterleridir(2). Bu nedenle radyolojik raporlarda mümkün olduğunca değinilmelidir.

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