



PROSTAT KANSERİNDE BİYOPSİ VE YÖNTEMLERİ

Ünsal BAŞ¹
Emrah KIZILAY²
Gökhan SÖNMEZ³

GİRİŞ

PKa (PKa) erkeklerde akciğer kanserinden sonra ikinci en sık görülen kanserdir. Her yıl 1 milyondan fazla hastaya PKa tanısı konur ve bu tanılarının 300.000'den fazlası ölüm ile sonuçlanır. Erkek popülasyonda ölümlerinin %3,8'inin sebebi PKa'dır. Tanı anındaki yaş ortalaması 65 olup, mortalite yaş ile beraber artar.

PKa şüphesinde serum prostat spesifik antijen (PSA) artışı, dijital rektal muayene (DRM) yol gösterici olmakla birlikte kesin tanı prostat biyopsisi doku örneklerinin patolojik incelemesi sonrası ortaya koyulmaktadır. Bu nedenle, üroloji hekimlerinin PKa biyopsisi hakkında en güncel tetkik ve teknikler hakkında bilgi sahibi olması önem taşımaktadır.

PROSTAT KANSERİ TANISI

PKa, ilerleyene kadar nadiren semptom verir. Bu nedenle, PKa şüphesi, çoğunlukla DRM de bulunan anormallikler veya PSA yükselmeleriyle ortaya çıkar. Erken teşhisin faydaları konusunda tartışmalar olsa da, PKa'nın erken teşhisinin DRM ve PSA kombinasyonu kullanılarak en iyi şekilde elde edildiği gösterilmiştir.

¹ Uzm. Dr., Develi Dr. Ekrem Karakaya Devlet Hastanesi Üroloji Kliniği, unsal_bas@hotmail.com
ORCID iD: 0000-0001-7612-5262

² Uzm. Dr., Malatya Eğitim ve Araştırma Hastanesi Üroloji Kliniği, emrahkizilay@hotmail.com
ORCID iD: 0000-0002-1645-8409

³ Doç. Dr., Erciyes Üniversitesi, Tıp Fakültesi, Üroloji AD., gokhans72@hotmail.com,
ORCID iD: 0000-0001-8391-1050

Daha önce negatif biyopsi öyküsü bulunan ancak kanser şüphesi devam eden hastalarda 20 kordan fazla alandan parça alma stratejisine dayanan satürasyon biyopsi uygulanabilir. Ortalama %30-40 kanser saptama oranı mevcuttur. Normal 10-12 kor biyopsilerden farklı olarak genel anestesi altında uygulanması hasta konforu açısından önem taşımaktadır.

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