Pathology

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BPH a ff ects both glandular epithelium and connective tissue stroma to variable degrees. BPH typically a ff ects the submucous group of glands in the transitional zone, forming a nodular enlargement. Eventually , this overgrowth compresses the peripheral zone glands into a false capsule and causes the appearance of the typical ‘lateral’ lobes. When BPH a ff ects the central zone glands, a ‘middle’ lobe develops that projects up into the bladder within the internal sphincter (Figure 84.1).

Which investigations are appropriate for benign and • malignant conditions of the prostate Clinical staging of carcinoma of the prostate and how • staging contributes to the complex decision making Right half of bladder Enlargement of lateral lobe of prostate Prostatic urethra Hypertrophy of trigone

Enlargement of Posterior lobe median lobe of of prostate prostate Figure 84.1 Diagram of late-stage bladder out /f_l ow obstruction show

ing enlargement of the prostate from benign prostatic hyperplasia, trabeculation of the bladder with smooth muscle hypertrophy and /f_i brosis.

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Serial sections of prostates obtained at routine necropsy demonstrate prostate carcinoma in 25% of men between 50 and 65 years of age. The incidence in men over 80 years is in the region of 70%. Most of these neoplasms are tiny and (if life had continued) might have remained latent for years. Most men die with the prostate cancer rather than because of cancer. The following types of prostate cancer occur: /uni25CF microscopic latent cancer found on autopsy or at cysto prostatectomy; /uni25CF tumours found incidentally during TURP (T1a and T1b) or following screening by PSA measurement (T1c); /uni25CF early , localised prostate cancer (T2); /uni25CF locally advanced and high-risk prostate cancer (T3 and T4); /uni25CF metastatic disease, which may arise from a clinically evi dent tumour (T2, T3 or T4) or from an apparently benign gland (T0, T1) (i.e. occult prostate cancer). It should be noted that only the last two groups cause symp toms, and such tumours are not curable. Only screening or the trea tment of incidentally found tumours or early prostate cancer (T1 and T2) can result in cure of the disease. The prob lem is that many suc h tumours would never progress during the patient’s lifetime and only a few will grow and metastasise; herein lies the problem with prostate cancer.

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