

Prostatic biopsy

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If there is suspicion of prostate cancer, because of local findings, a raised PSA or metastatic disease, then a prostate biopsy using an automated gun under TRUS guidance is recommended (Figure 84.18). This is usually performed. Donald F Gleason , 1920–2008, pathologist, University of Minnesota, Minneapolis, MN, USA, published the Gleason System in 1966. He spent his last 20 years sailing, baking bread and playing bridge. transrectally , although increasingly the transperineal approach is being used. Broad-spectrum antibiotic cover is given to all patients to reduce the incidence of sepsis, which is greater with transrectal than with transperineal biopsy . Transperineal biopsy usually involves sedation or general anaesthetic while transrectal biopsy can be performed under local anaesthetic. Increasingly , areas appearing suspicious for prostate cancer on mpMRI can be targeted for biopsy to increase the diagnostic yield. Nowadays, fusion biopsy is becoming popular; this is where mpMRI and TRUS images are fused with the help of software and a biopsy is taken very accurately from the index lesion.

Transperineal Anterior needle
Prostate Posterior Transrectal
needle Rectum Figure 84.18 The
prostate is commonly biopsied by
two routes. The biopsy needle can
be inserted through the skin
between the scrotum and anus
(perineum) or through the rectum.

In both cases the passage of the needle is usually guided to the correct place with transrectal ultrasound. Transrectal ultrasound is not good for sampling the anterior prostate, particularly when the prostate is large. Transperineal biopsy is gaining popularity as an alternative to conventional tran

srectal biopsy.

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