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COMMENTARY

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Prostate Biopsy: Its Uses and Risks

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Description

The procedure of removing abnormal tissue samples from the prostate is known as prostate biopsy. In males, the prostate is a tiny walnut-shaped gland that generates fluid that feeds and transports sperm. A needle is used to harvest tissue samples from you prostate gland during a prostate biopsy. A doctor who specialises in the urinary system and male sex organs performs the procedure (urologist). If preliminary testing, such as a Prostate-Specific Antigen (PSA) blood test or a digital rectal exam, indicate that you may have prostate cancer, your urologist may propose a prostate biopsy. Prostate biopsy tissue samples are analysed under a microscope for cell abnormalities that indicate prostate cancer. If cancer is found, it will be assessed to see how rapidly it will spread and what your best treatment choices are.

Prostate cancer is detected through a prostate biopsy.

• A PSA test shows levels higher than usual for your age

• A digital rectal exam reveals lumps or other abnormalities; your doctor may propose a prostate biopsy.

• You've had a previous biopsy that came out normal, but your PSA levels are still high.

• A prior biopsy revealed aberrant but non-cancerous prostatic tissue cells.

A prostate biopsy carries the following risks:

Bleeding at the biopsy site: Rectal bleeding is common after a prostate biopsy.

Blood in your semen: It's common to notice red or rust coloring in your semen after a prostate biopsy. This indicates the presence of blood, and it's not a cause for concern. Blood in your semen may persist for a few weeks after the biopsy.

Blood in your urine: This bleeding is usually minor.

Difficulty in urination: Prostate biopsy can sometimes cause difficulty with urination after the procedure. Rarely, a temporary urinary catheter must be inserted.

Infection: Rarely, a prostate biopsy can cause an infection of the urinary tract or prostate that requires treatment with antibiotics.

Prostate biopsy methods types

Prostate biopsy samples can be taken in a variety of methods.

• Inserting a needle into the rectum wall (transrectal biopsy). The most typical method of doing a prostate biopsy is this.

• Insert the needle into the skin between the anus and the scrotum (transperineal biopsy). Between the anus and the scrotum, a tiny cut is made in the skin (perineum). To get tissue samples, the biopsy needle is passed through the cut and into the prostate. This treatment is usually guided by an MRI or CT scan.

• A description of the biopsy sample may be included in your pathology report. This component of the report, also known as the gross description, may assess the colour and consistency of the prostate tissue.

• An explanation of the cells-The appearance of the cells beneath the microscope will be described in your pathology report. Adenocarcinoma is the term for prostate cancer cells. A pathologist may discover cells that appear abnormal but are not malignant. "Prostatic intraepithelial neoplasia" and "atypical tiny acinar proliferation" are terms used to characterise these noncancerous disorders.

• Cancer classification-If cancer is discovered, the pathologist assigns a Gleason score to it. Gleason score combines two values and can range from 2 (non-aggressive cancer) to 10 (aggressive cancer), though the lower end of the range is less frequently employed. Gleason scores for prostate biopsy samples typically vary from 6 to 10. A score of 6 suggests that the prostate cancer is low-grade. A score of 7 suggests that the prostate cancer is of medium severity. High-grade malignancies are indicated by scores of 8 to 10.

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