Abstract

Prostate cancer occurs in males, especially over 65 years old. It develops usually in the peripheral zone, less commonly in central or transitional zones. The neoplasm screening bases on clinical digital rectal examination and serum level of prostate-specific antigen (PSA). Among patients with increased PSA concentration, transrectal ultrasound usually with multiple core biopsies is performed. The obtained biopsies are histologically evaluated using Gleason's grading system. However, the method of choice to examine the entire pelvis is a magnetic resonance. According to current principles, the obtained images are evaluated using five-step PI-RADS classification based on T2-weighted, diffusion weighted and dynamic contrast enhancement images. Spectroscopy is also suggested especially in case of prostatic carcinoma. Such procedures allow precise evaluation of cancer progression, and is helpful in treatment planning and response monitoring.

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