

بسم الله الرحمن الرحيم



HOSSAM MAGHRABY



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
على هذه الأقراص المدمجة قد أعدت دون أية تغيرات



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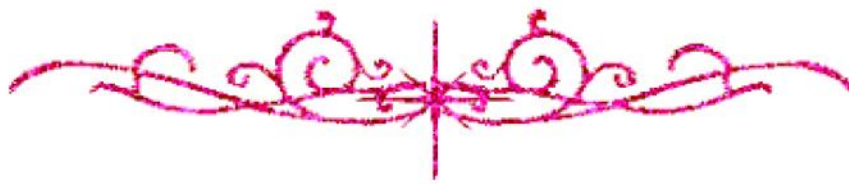
تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



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بعض الوثائق الأصلية تالفة



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بالرسالة صفحات

لم ترد بالأصل



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*Evaluation of Multiple Transrectal Ultrasound
Guided Biopsies of the Prostate for the
Detection of Prostate Cancer*

Thesis

Submitted for partial fulfillment of the requirements
For M.D. Degree in Urology

By

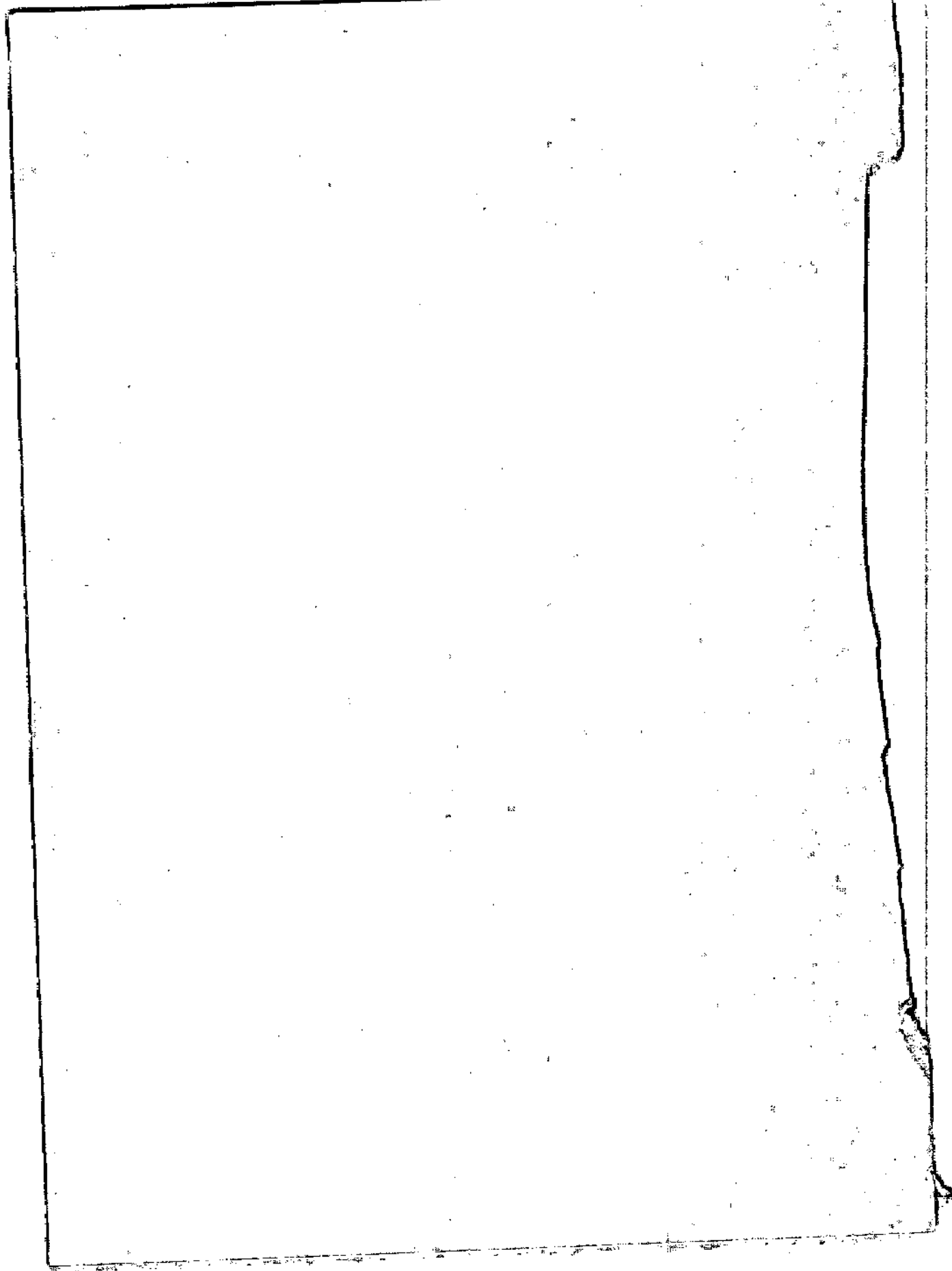
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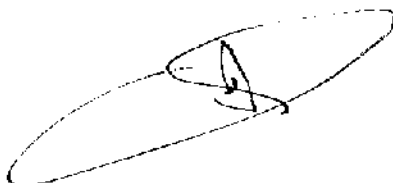
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Supervisors

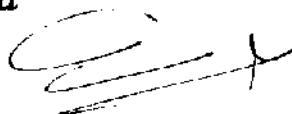
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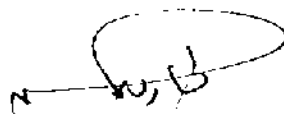
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جامعة قناة السويس

بسم الله الرحمن الرحيم

كلية الطب

الدراسات العليا

أنه في يوم الثلاثاء الموافق ١٧/٤/٢٠٠٩ الساعة ١١ ص
تمت مناقشة رسالة الدكتوراه "تقييم لزجات بكتيرية في مزارع مياه
تحت الأرضية من مزارع بساتين الزيتون في مزارع بساتين الزيتون
المقدمة من الطبيب / محمد علي محمد علي
تمهيداً للحصول على درجة الدكتوراه في مزارع الملاك لولاية

وشكلت لجنة الحكم والمناقشة من السادة/

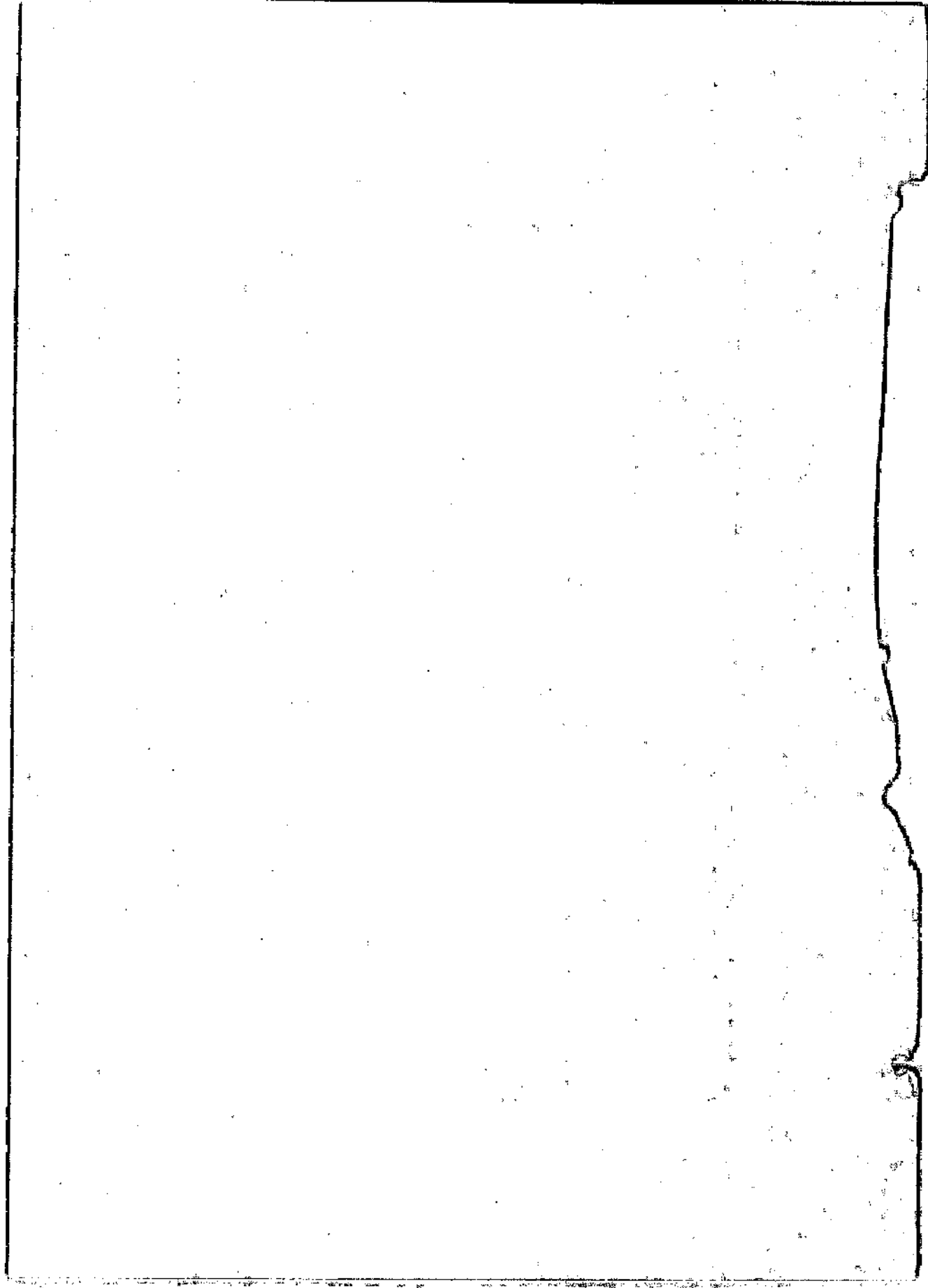
أ.د/ فؤاد محمد فتوح
أ.د/ محمد علي محمد فتوح
أ.د/ محمد علي إبراهيم
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انتهت المناقشة في تمام الساعة

ونرى قبول الرسالة

إمضاء المناقشين:

محمد علي محمد فتوح
محمد علي محمد فتوح



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First of all I would like to show deepest gratitude *to Allah Most gracious most merciful* for helping me completing this study.

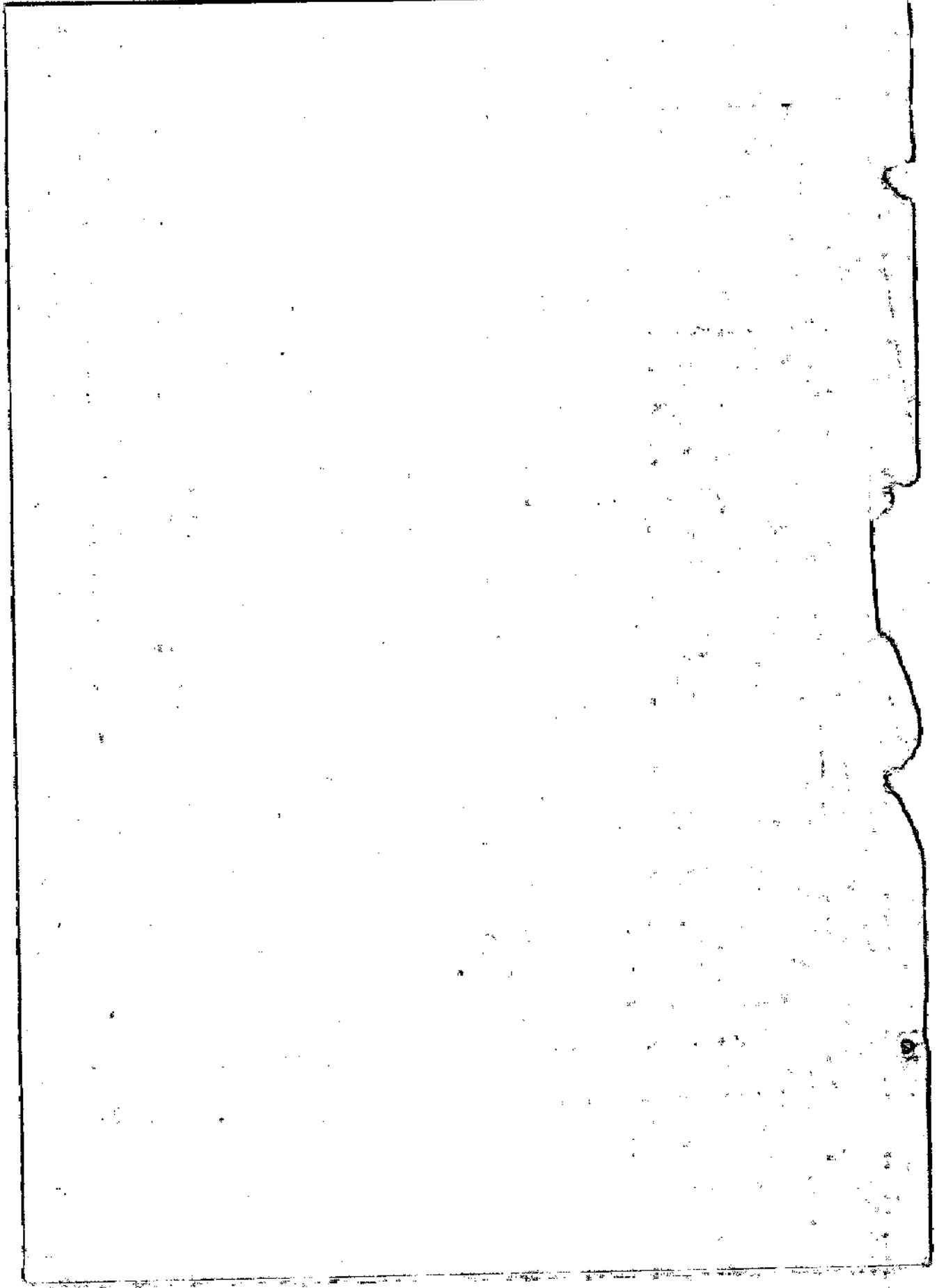
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Abstract

EVALUATION OF MULTIPLE TRANSRECTAL ULTRASOUND GUIDED BIOPSIES OF THE PROSTATE FOR THE DETECTION OF PROSTATE CANCER

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Introduction: Limitations in cancer detection using the sextant biopsy technique have led a number of investigators to reassess this technique and has recently resulted in great efforts to improve the protocol. The optimum biopsy regimen is still undefined. So we designed this study to evaluate and identify the transrectal ultrasound guided prostate biopsy regimen optimal for prostate cancer detection.

Patients and methods: A total of 80 consecutive men undergoing prostate biopsy either because of an elevated PSA $> 4\text{ng/ml}$ and /or abnormal digital rectal examination suspicious for prostate cancer, were enrolled in the study. Informed written consent was obtained for every patient prior to performing the study. Multiple transrectal ultrasound guided biopsies (10 cores) were obtained from the prostate; six from the traditional sextant regions and two cores from each of the far lateral region. The two cores from each region were labeled in a separate container and sent for histopathological examination. **Results** (LUTS) were the commonest presentation (82.8%) of patients. 62.5% of our patients had an abnormal DRE and 86% had PSA level more than 4ng/ml . Biopsies performed in the 80 patients yielded 34 patients with prostate cancer giving a positive biopsy rate of 42.5%. The traditional sextant biopsy scheme diagnosed 30 patients (88.2%) out of the 34 patients with prostate cancer. The positive biopsy yield was 64.7%, 82.4%, 88.2% at the base, mid-gland and the apex, respectively. The lowest detection rate was at the base of the gland. The overall detection rate of the sextant scheme was 30 patients from the total of 80 patients enrolled in the study (37.5%), while that of the peripheral scheme was 32/80 (40%). Combining the two schemes together, the overall positive biopsy yield increases to 34/80 (42.5%). **Conclusions** There is a slight improvement in the detection rate of prostate cancer using the lateral biopsy regimen (40%) compared with the traditional sextant technique (37.5%). Biopsies obtained at the apex at the parasagittal plane yielded the highest detection rate (88.2%) among the traditional sextant regimen. So, it should be included in any biopsy regimen. A sextant biopsy regimen including two cores from the apex in the parasagittal plane plus two cores from each anterior horn of the peripheral zone laterally yielded the highest detection rate in our series denoting that this regimen is useful in patients with palpable nodularity or hypoechoic lesions in the lateral aspect of the gland.

