CONCLUSION
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The present study has been carried out in an attempt to evaluate the fine needle aspiration cytology in the diagnosis and grading of carcinoma prostate. Notwithstanding the small number of cases in the present study, certain conclusions can be drawn. Which are as follows –

1. Fine needle aspiration cytology is an easy technique to perform and expertise can be acquired in a short period of time.

2. Easily available and inexpensive appliances are required for the procedure.

3. It does not require any sedation or anaesthesia and is performed as an out patient procedure.

4. Patient compliance for a repeat FNAC is good, owing to its ease and simplicity.

5. The retrieval rate of material of diagnostic value is high and it can further be improved with practice.

6. It is a reliable method in the diagnosis of cancer prostate. It’s positive results are relatively more reliable than the negative ones, that is, when FNAC is positive for malignant cells, the
diagnosis of cancer prostate can be made with confidence. However, if it is negative for malignant cells and there is a high index of clinical suspicion, further investigative procedures, for example, trucut needle biopsy should be employed to rule out the diagnosis of malignancy. In such patients a repeat FNAC can also help.

7. FNAC decides the grade of the cancer, which is comparable to histopathological grading in nearly 81.25% of cases (not used in this work).

8. It is an effective method in follow up of the cancer cases. The progress of the disease and also response to therapy can be assessed objectively with the help of FNAC.

9. A much larger area of the gland can be explored with safety by this method than by any other method available.

10. FNAC is a procedure, which is almost free from complication.

11. It is the only method of taking biopsy from prostate gland which is acceptable to all, namely –

The patient

. Only a minor surgical procedure,

. Free from pain and anaesthesia,
• Does not require hospitalization, and
• Does not put much burden on the pocket.

The surgeon

• Reliable method,
• Technically easy,
• Is less time consuming,
• Free from complications, and
• Report is available early

The pathologist

• Easy to comment upon,
• Processing of the material is easy and less time consuming, and
• If any doubt about the diagnosis exist, a repeat FNAC may be requested and neither the patient nor the surgeon would mind much.

12. It can possibly be used routinely as a screening procedure for prostatic cancer detection in elderly patients.