SUMMARY

Carcinoma prostate is not an uncommon killer of males and its incidence increases with advancing age up to the extent that it has been said that it is the most common malignant condition in men over the age of sixty five years and in men over ninety years of age, over 75% of the prostates are involved with this disease. As the living conditions are becoming better, the population of elderly people is also increasing which provide enough years for the latent prostatic cancer to manifest with its full clinical swing and to enjoy its leading position as a killer of men.

As the cancer originates commonly in the peripheral ‘carcinomatous’ zone of the prostate gland, the symptoms appear late, and so does the patient for consultation. It is fortunate that a large part of the periphery of the gland is easily accessible to the clinician during digital per rectal examination; but it is unfortunate that the diagnosis of cancer prostate cannot be established or excluded with certainty by palpating the gland alone, because cancer prostate has no definite characteristic features on gross examination. Present biochemical, radiologic or ultrasonic investigations are also helpless in the early detection of cancer
prostate with confidence.

The microscopic examination of the morphology of the lesion is the only sure way to confirm the diagnosis, the material for which can easily and safely be obtained by fine needle aspiration cytology technique.

The present study has been carried out thirty patients who presented the department of surgery, Maharani, Laxmi Bai Medical College, Jhansi from May 2002 to May 2003 with complaints suggestive of prostatic disease in whom there was found to be a suspicion of malignant lesion clinically, in the form of palpable nodule(s) and/or area(s) of induration during digital per rectal examination.

The following conclusion were drawn:

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 to this procedure.

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

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 that by any other method available.
10. FNAC is a procedure which is almost free from complications.

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

   The patient-
   a. Only a minor surgical procedure
   b. Free from pain and anaesthesia
   c. Does not require hospitalization, and
   d. Does not put much burden on the pocket.

   The surgeon
   b. Reliable method,
   c. Technically easy,
   d. Is less time consuming,
   e. Free from complications, and
   f. Report is available early

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

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