Prostate pathology

	BENIGN PROSTATIC HYPERPLASIA (BPH)	PROSTATIC ADENOCARCINOMA
PATHOGENESIS	Related to dihydrotestosterone (DHT) Testosterone is converted to DHT by 5a- reductase in stromal cells. DHT acts on the androgen receptor of stromal and epithelial cells resulting in hyperplastic nodules.	Androgen are believed to play a major role in the pathogenesis
MORPHOLOGY	 hallmark of BPH is nodularity Nodular hyperplasia begins in the inner aspect of the prostate gland, the transition zone compress the wall of the urethra 	 70% arises in the peripheral zone Tumor is firm and gritty and is palpable on rectal exam
MICROSCOPY	- main feature of BPH is nodularity	 well- defined gland patterns. The malignant glands are lined by a single layer of cuboidal or low columnar epithelium large nuclei and one or more large nucleoli
CLINICAL FEATURE	Often presents with frequency of urination , nocturia , diffculty starting and stopping urine stream, dysuria . May lead to distention and hypertrophy of bladder, hydronephrosis, UTIs . free prostate-specifc antigen (PSA).	 very small size cancers are asymptomatic away from urethra > urinary symptoms occur late. back pain , increase serum ALP and PSA > vertebral metastases (Osteoblastic metastases in bone)
TREATMENT	 Mild cases of BPH may be treated with α-blockers and 5-α- reductase inhibitors Moderate to severe require transurethral resection of the prostate (TURP) 	 the most acceptable treatment for clinically localized cancer is radical surgery Surgery, radiotherapy and hormonal therapy
Diagnosis	the diagnosis of BPH cannot be made on needle biopsy	 diagnosed by PSA and subsequent needle core biopsies. Prostatic acid phosphatase (PAP) and PSA are useful tumor markers
Other	 Prepubertal castration prevents BPH Also known as benign nodular hyperplasia Not premalignant. 	 Most common cancer in men; 2nd most common cause of cancer-related death Spread by direct local invasion and through blood stream and lymph Gleason Grading and Scoring in prostate cancer is very useful in predicting prognosis of a patient. Staging in prostate cancer depends on the TNM system. It is the most important indicator of prognosis.

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