

S-081 Devamı

IS THERE AN ASSOCIATION BETWEEN SERUM PROSTATE-SPECIFIC ANTIGEN VALUES AND SERUM TESTOSTERONE LEVELS IN HEALTHY MEN?

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INTRODUCTION: To evaluate the relationship between serum testosterone levels and Prostate specific antigen(PSA) values in healthy men with PSA< 4ng/ml.

Material-Methods: The study comprised 179 men with mean age 59,19±12 years who visited our hospital for routine check-up. The patients were divided into two subgroups; patients with PSA< 2,5 (group 1,160 pateints), patients with PSA values 2.5-4 ng/ml (group 2, 19 patients). The relationship between PSA serum levels and testosterone were investigated. Also the mean values of testosterone level were calculated for patients with ages <50 year-old and compared to that of patients older than 50.

Results:In overall patients the mean value for serum PSA values and total testosterone level were 1.27±0.88 ng/ml and 404,04 ±158,86 respectively(table 1). No correlation was detected between serum PSA values and testosterone serum level neither in the overall patients nor the subgroups(group 1, r= 0.072, p=0,363, group 2, r= 0.031,p=0.900). The mean values of testosterone for patients with ages >=50 and for those patients with ages <50 were 417.01±163.35ng/dl and 344.16±120.21 ng/dl respectively (p=0.02).

Conclusion: No impact of testosterone hormone on PSA level in healthy men with PSA<4ng/ml. Testosterone showed significant increment after 50-years old opposite to the usual. Further studies including larger number of patients should be carried out to confirm the findings of our studies.

Table 1:

* (p=0.59):No significant difference was found between testosterone levels

Keywords: Prostate, PSA,Testosterone

Tablo 1

	Group I	Group II
Hasta sayısı (n)	160	19
Yaş (yıl) (ortalama±SD)	58.44±12.12	66.29±8.15
tPSA (ng/ml) (ortalama±SD)	1.05±0.56	3.38±0.42
Testosteron (ng/dl±SD)	401.46±1.57	432.35±1.71 *(p=0.59)

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TRANSREKTAL ULTRASON EŞLİĞİNDE PROSTAT BİYOPSİSİ SIRASINDA FARKLI ANESTEZİ VE ANALJEZİ METODLARINI KARŞILAŞTIRMA: PROSPEKTİF, RANDOMİZE, ÇİFT-KÖR ÇALIŞMA

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Amaç: Prostat biyopsisi sırasında farklı anestezi ve analjezi kombinasyonlarının ağrı kontrolü üzerine etkisi prospektif, randomize, çift-kör bir çalışma ile karşılaştırıldı. İşlem esnasında hasta konforunu artırıp biyopsi örnekleme kalitesini yükseltecek minimal invazif bir anestezi protokolünü geliştirmek amaçlandı.

Yöntem: Şubat 2008-Haziran 2009 tarihleri arasında yüksek PSA(>2,5ng/ml) düzeyi ve/veya parmakla rektal inceleme bulgusu nedeniyle TRUS eşliğinde 18 gauge biyopsi iğnesi ile standart 10 kadrant prostat biyopsisi yapılan hastalar çalışmaya alındı. Grup1 n:25; Rektal topikal %2'lik lidokainli jel + Peptidine HCl 100mg i.m., Grup2 n:21; Rektal topikal %2'lik lidokainli jel + Lornoksikam 8mg i.m., Grup3 n:20; Rektal topikal %2'lik lidokainli jel + Midazolam 3mg i.m, Grup4 n:28; %2 prilokain ile lokal anestezi + Peptidine HCl 100mg i.m., Grup5 n:54; %2 prilokain ile lokal anestezi + Lornoksikam 8mg i.m., Grup 6 n:45; %2 prilokain ile lokal anestezi + Midazolam 3mg i.m. olacak şekilde 6 gruba ayrıldı.

Bulgular: Çalışmaya alınan 193 hasta için yaş ortalaması 64,7± 8,7 idi. Gruplar arasında yaş ve serum PSA değerleri, prostat hacimleri için anlamlı farklılık saptanmadı(p>0,05). Topikal lidokain gruplarına (G1, G2, G3) ek sistemik analjezik/anestetik eklenmesiyle VAS' da anlamlı değişiklik izlenmedi (p=0,69). Topikal lidokain grubuna ek Pethidine HCl eklenmesi lokal prilokain gruplarıyla benzer etkinlik gösterdi (p=0,84) (Tablo 1).

Sonuç: Prostat biyopsisi ağrı kontrolünde topikal lidokain + Pethidine HCl uygulaması lokal anesteziye alternatif olarak kullanılabilir.

Anahtar Kelimeler: ağrı, anestezi, prostat biyopsi

TO COMPARATIVE DIFFERENT ANESTHESIA AND ANALGESIA METHODS DURING ULTRASONOGRAPHY GUIDED TRANSRECTAL PROSTATE BIOPSY: A PROSPECTIVE RANDOMIZED, DOUBLE-BLIND STUDY

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Objective: During prostate biopsy,different combination of anesthetic and analgesic effects on pain control was compared in a prospective,randomized, double-blind study. To develop a minimally invasive anesthetic protocol was aimed which would raise the quality of biopsy sampling and improve patient comfort during biopsy.

Material-Methods: Between February 2008- June 2009, patients, made standard 10 quadrants TRUS guided prostate biopsy with 18-gauge biopsy needle and had high PSA(> 2.5 ng / ml) level and / or abnormal digital rectal examination findings, were included in the study. Group 1 n: 25; Rectal topical lidocaine 2% gel + Pethidine HCl 100mg im, Group 2 n: 21; Rectal topical lidocaine 2% gel + Lornoxicam 8mg im, Group 3 n: 20; Rectal topical lidocaine 2% gel + midazolam 3mg i.m, Group 4 n: 28; Local anesthesia with 2% prilocaine + Pethidine HCl 100mg im, Group 5 n: 54; Local anesthesia with 2% prilocaine + Lornoxicam 8mg im, Group 6 n: 45; local anesthesia with 2% prilocaine + Midazolam 3mg i.m. to be divided into six groups.

Results: Mean age was 64.7 ± 8.7. There was no difference between groups for age, serum PSA levels and prostate volume (p> 0.05). No meaningful difference was observed at VAS with the addition of systemic analgesic / anesthetic to topical lidokain groups (G1, G2, G3). The addition of Pethidine HCl to topical lidokain showed a similarity with local prilokain groups.

Conclusion: Topical lidokain + Pethidine HCl can be used instead of local anesthesia for pain control at prostate biopsy.

Keywords: anesthesia, pain, prostate biopsy