Надійшла 22.07.2021
Акцептована 01.09.2021
УДК 616.65-002-006.6-08
DOI 10.26641/2307-5279.25.3.2021.241650

ОНКОУРОЛОГІЯ

Analysis results surgical treatment patients with localized and locally distributed prostate cancer

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Keywords:
prostate cancer, laparoscopic radical prostatectomy, endoscopic radical prostatectomy, open radical prostatectomy, posterior prostatectomy, perineal prostatectomy

ДСТУ 8302 2015:
Vozianov S.O., Shamraev S.M., Kondratenko A.P., Shamraeva D.M., Ridchenko M.A. Analysis results surgical treatment patients with localized and locally distributed prostate cancer. *Урологія*. 2021. Т. 25, № 3. С. 199–202. DOI: 10.26641/2307-5279.25.3.2021.241650.

APA:
Vozianov, S.O., Shamraev, S.M., Kondratenko, A.P., Shamraeva, D.M., & Ridchenko, M.A. (2021). Analysis results surgical treatment patients with localized and locally distributed prostate cancer. *Urologiya, 25(3),* 199–202. DOI: 10.26641/2307-5279.25.3.2021.241650.

SUMMARY

Prostate cancer (PC) remains the most common oncourological disease, various aspects of which are widely represented in information resources. Along with the demographic crisis in many countries around the world, the incidence of the male population in PC is growing. The choice of treatment tactics for PC is still a matter of debate. The article performs a comparative analysis of techniques for performing PC extradulon radical prostatectomy, laparoscopic radical prostatectomy, endovideoscopic radical prostatectomy.

INTRODUCTION
Вступ

Prostate cancer (PC) remains the most common onco-urological disease, various aspects of which are widely represented in information resources. Along with the demographic crisis that is inherent in many countries around the world, the incidence of the male population with PC is growing. Thus, in the United States, it has become the second most common pathology among men after bronchogenic lung cancer and is ahead of it in terms of mortality. Mortality from this disease has increased by 8.6% in recent years [2]. Over the years, there has been a

rejuvenation of the contingent, which gives the problem special medical and social significance.

PC is an urgent and difficult problem in Ukraine. Pathology ranks third in the structure of the overall incidence of the male population, it accounts for 12% in the structure of malignant neoplasms [1]. In the structure of male mortality is 6.0%, it is the leader among onco-urological diseases [3].

The purpose of the study. To analyze the immediate results of radical prostatectomy in patients with localized and locally advanced prostate cancer.

MATERIALS AND METHODS
Матеріали і методи дослідження

The results of radical prostatectomy (RPE) were evaluated in 423 patients who underwent retropubic radical prostatectomy (RRP), endovideoscopic extraperitoneal radical prostatectomy (EERPE), laparoscopic radical prostatectomy (LRPE). The diagnoses were verified according to the pathological conclusion (PC). Comparative analysis of the results of RRP and EERPE for the period 2013–2017. Localized PC was detected in 323 (76.4%) (pT1a-bc N0M0 - in 21 patients, pT2a N0M0 - in 53 patients pT2b N0M0 - in 71 patients, pT2s N0M0 - in 178 patients), locally spread - in 100 (23.6%). The age of patients ranged from 44 years to 96 years. The period of stay in the hospital ranged from 7 to 65 days. The average age of PC debut was 64 years. Group 1 LRPE - was performed in 88 patients, Group 2 EERPE was performed in 236 patients, group 3 RRP - was performed in 99 patients.

RESULTS AND DISCUSSION
Результати та їх обговорення

As a result of the analysis of the history of the disease, it was revealed that 211 (49.9%) patients had postoperative (p / o) complications. In patients who underwent RRP, the complications occurred in 58 patients (58.6%), after EERPE - in 111 (47.0%), in patients who underwent LRPE - in 42 (47.7%). One patient had 1 complication - 142 patients (33.6), 2 complications occurred in 38 patients (9%), 3 complications occurred in 20 patients (4.7%), and 4 or more complications occurred in 11 patients 2.6%). Patients developed 284 (67.1%) genitourinary complications, after EERPE they occurred in 131 patients (55.5%), in patients who underwent LRPE in 61 patients (69.3%), after RRP in 92 patients, 9%). Blood transfusions were performed in 41 patients, which corresponds to 9.7% of the total. Namely, 17 patients (7.2%) after EERPE, 12 patients (13.6%) after LRPE, and 12 patients (12.1%) after RRP. Infectious complications occurred in 6 patients (1.4%). In the EERPE group, infectious complications occurred in 3 patients (1.3%), in the LRPE group in 1 patient (1.1%), in the RRP group in 2 patients (2.0%). After surgery, the leak of the vesicourethral anastomosis was in 70 patients (16.5%), in the first group in 29 patients (12.3%), in the second group in 15 patients (17.0%), in the third group in 26 patients (26.3%). Vesicoureteral anastomosis stenosis occurred in 11 patients (2.6%), after EERPE stenosis occurred in 4 patients (1.7%), after LRPE in 2 (2.3%), and after RRP in 5 patients (5, 1%). Recatheterization of the bladder was required in 42 patients, 16 patients (6.8%) who underwent EERPE, 12 patients (13.6%) after LRPE, 14 patients (14.1%) after RRP. Urinary fistula occurred in 4 patients (0.9%), in 1 patient from the first group (0.4%) and 1 patient from the second (1.1%), and 2 patients from the third group (2.0%)). Clinically significant lymphorrhea was in 51 patients (12.1%), after EERPE lymphorrhea was in 24 patients (10.2%), after LRPE in 12 patients (13.6%), after RRP in 15 (15.2%). Urinary incontinence in the postoperative period developed in 106 patients (25.1%), in 57 patients (24.2%) from the first group, in the second group in 19 patients (21.6%), and 30 patients (30,3%) from the third group..

According to the histopathological examination (PHE), the negative edge of the resection was in 329 patients (77.8%), the positive upper edge of the resection was in 26 patients (6.1%), the positive lower edge was in 46 patients (10.9%), and both edges were positive in 22 patients (5.2%).

Analysis of Gleason Score (GS) data of prostate biopsy and histopathological examination (PHE) of the prostate was performed (table 1).

TABLE 1. Analysis of Gleason Score data of prostate biopsy and histopathological examination of the prostate

Gleason Score	Biopsy GS	GS after surgery	Accuracy
<4	10	2	20%, ↓ 80%
5-6	223	224	99,6%, ↑ 0,4%
7	133	154	84,2%, ↑ 15,8%
8-10	57	43	75.4%, ↓ 24,6%

GS migration was found to be highest in groups <4 and 8-10. According to GS biopsy data, GS <4 was detected in 10 patients, and after PHE of the prostate - in 2, the accuracy was 20%, the rate decreased by 80%. At GS 8-10 after the biopsy was found in 57 patients, and after PHE of the prostate in 43 patients, accuracy 75.4%, the rate decreased by

24.6%. The number of patients with GS 7 after glass biopsy was 133, and after prostate PHE 154, accuracy 84.2%, the rate increased by 15.8%. The highest accuracy was at GS 5-6 after the biopsy of 223 patients, and after PHE of the prostate 224, accuracy 99.6%, the figure increased by 0.4%.

CONCLUSIONS
Висновки

The results of surgical treatment of patients with PC of 2-3 degrees in the conditions of a single-center that performed RPE indicates a smaller number of complications in groups 1 - 47.0% and group 2 - 47.7%. vs group 3 - 58.6% group..

Urinary incontinence, the most common genitourinary complication, 30.3% after RRP, 24.2% after EERPE, and 21.6% after LRPE. Leakage of VUA was observed in 12.3% in group 1, 17.0% in group 2, and 26.3% in group 3.

A similar total number of blood transfusions was found in groups 2 and 3 and is equal to 13.6% and 12.1%, respectively, and in group 1 - 7.2%.

Gleason Score differed the most after biopsy and pathohistology was in group <4 accuracy 20% and with Gleason Score 8-10 accuracy 75, 4%.

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РЕФЕРАТ

Аналіз результатів хірургічного лікування пацієнтів з локалізованим та місцево розповсюдженим раком передміхурової залози

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Рак передміхурової залози (РПЗ) залишається найбільш частим онкоурологічним захворюванням, різні аспекти якого широко представлені в інформаційних ресурсах. Разом з демографічною кризою, що притаманна багатьом країнам світу, дедалі зростає захворюваність чоловічого населення на РПЗ. Вибір тактики лікування РПЗ досі є предметом дискусії. У статті виконан порівняльний аналіз технік виконання РПЕ позадулонної радикальної простатектомії, лапароскопічної радикальної простатектомії, ендовідеоскопічної радикальної простатектомії.

Ключові слова: рак передміхурової залози, лапароскопічна радикальна простатектомія, ендоскопічна радикальна простатектомія, відкрита радикальна простатектомія, позадулонна простатектомія, промежинна простатектомія.

РЕФЕРАТ

Анализ результатов хирургического лечения пациентов с локализованым и местно распространенным раком предстательной железы

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Рак предстательной железы (РПЖ) остается наиболее частым онкоурологическим заболеванием, различные аспекты которого широко представлены в информационных ресурсах. Вместе с демографическим кризисом, присущая многим странам мира, все растет заболеваемость мужского населения РПЖ. Выбор тактики лечения РПЖ до сих пор является предметом дискуссии. В статье выполнен сравнительный анализ техник выполнения РПЭ позадилонной радикальной простатэктомии, лапароскопической радикальной простатэктомии, эндовидеоскопической радикальной простатэктомии.

Ключевые слова: рак предстательной железы, лапароскопическая радикальная простатэктомия, эндоскопическая радикальная простатэктомия, открытая радикальная простатэктомия, позадилонная простатэктомия, промежностная простатэктомия.