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THE ROLE OF ANATOMICAL KNOWLEDGE IN THE DIAGNOSIS AND TREATMENT OF PROSTATE DISEASES

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Abstract: The great interest of clinicians, morphologists and pathomorphologists in the study of the prostate is due to the widespread prevalence of its pathology, often unsatisfactory results of diagnosis and treatment, and the need to study the etiology and pathogenesis of various diseases of the gland in order to provide more qualified medical care.

Keywords: Anatomy, pathology, method, treatment, diagnosis, disease.

INTRODUCTION

A quantitative analysis of the incidence of prostatitis indicates a steady increase in this disease. According to clinical data, up to 40% of young men have some form of prostatitis, and a third of all diseases in men over 50 years of age are due to prostatitis or its combination with benign or malignant neoplasms of the prostate.

MATERIALS AND METHODS

The main factors leading to the development of prostatitis are stagnant (congestive) and infectious factors. Congestion in chronic prostatitis causes sexual disorders, fertility disorders, mental, pain, genital-receptive syndromes, as well as urinary disorders up to complete urinary retention [2]. Congestive phenomena in the prostate are associated, as a rule, with two reasons: a violation of the movement of secretions through the system of excretory ducts and a violation of hemomicrocirculation in the venous part of the bloodstream of the gland. Normally, there are two types of blood supply to the prostate gland: main and reticular. The main type is characterized by the presence of large vessels that are divided into small branches, and the reticular type is characterized by the presence of a wide network of vessels that repeatedly anastomose with each other, which leads to a decrease in the speed of blood flow compared to the main type. As for the excretory ducts, at the moment there is no clear morphological gradation of them, and the issue of the mechanism for the promotion of prostatic secretion also remains controversial [4]. Ultimately, the presence of secretory and venous congestion increases the volume of the gland and contributes to its compression by its own capsule, which leads to further disruption of blood circulation in various parts of the hematomicrocirculatory bed.

RESULTS AND DISCUSSION

Still, unfortunately, we have to admit that today the specific cause of the development of pathology in the pelvic organs is not yet known, therefore all treatment methods are aimed, first of all, at eliminating the most pronounced symptoms.

One of the most common diseases of the pelvic organs among older men is benign prostatic hyperplasia (BPH). Autopsy evidence suggests that this process can begin at a very young age, with increased growth occurring after age 40 years. The disease tends to progress and by the age of 60, about 60% of men have BPH, and in people over 80 years of age its frequency increases to 90% [6].

Today, there are a lot of methods for treating BPH: conservative treatment, minimally invasive techniques and open surgical operations, the number of which is constantly decreasing

throughout the world, which is associated primarily with the development of new medical technologies. Conservative therapy includes the use of drugs that improve blood flow and reduce the tone of smooth muscle cells of the bladder neck, prostate gland and prostatic urethra, or lead to the reverse development of hyperplasia.

Minimally invasive interventions for BPH include: transurethral resection of the prostate, transurethral electrovaporization of the prostate, transurethral incision of the prostate, transurethral microwave thermotherapy, laser prostate surgery (laser enucleation, laser vaporization of prostate adenoma and interstitial laser coagulation), ultrasound ablation of the prostate, transurethral needle thermal ablation of the prostate, cryodestruction, as well as balloon dilatation and stenting of the prostatic urethra. These methods are relatively new minimally invasive endoscopic interventions for the treatment of BPH, each of which has its own advantages and disadvantages. They have a low rate of complications and good tolerability, which allows some of them to be used in outpatient settings, while some of them are still at the development stage. Of these, currently the highly effective and most popular method is transurethral resection (TUR) of the prostate.

An extremely unfavorable complication, which occurs in 1-2% of operated patients both after open adenomectomy and after TUR, is urinary incontinence [5]. As clinical experience shows, incontinence that occurs in the early postoperative period resolves spontaneously. If it persists and, moreover, occurs at the moment of increasing intra-abdominal pressure, damage to the external sphincter can be suspected. Its powerful striated muscles are located concentrically immediately behind the seminal tubercle. Sometimes the cause of urinary incontinence lies in the growth characteristics of the adenoma, which diffusely dissects the external sphincter of the bladder. In such cases, even extreme caution when enucleating adenomatous nodes can lead to damage to individual fibers of the external sphincter.

It should be noted that in approximately 20% of patients after adnoectomy or TUR of the prostate, as a result of which complete restoration of the patency of the bladder neck and urethra is achieved, urination disorders persist. These observations gave rise to more in-depth morphological studies of the human prostate. In recent years, when discussing this problem, the attention of anatomists and clinicians has increasingly been drawn to the process accompanying BPH, namely, aging of the bladder [3, 5]. Obviously, knowledge of the anatomical and topographic-anatomical features of the prostate in the age aspect also has important applied and clinical significance.

CONCLUSION

Thus, a review of existing literature shows that, despite advances in the surgical treatment of prostate diseases, the anatomical justification for sparing surgical interventions remains an important problem today. The role of age-related differences in the surgical anatomy of the prostate and the topographic-anatomical relationships of its different structures (glandular and non-glandular) with the hemomicrocirculatory bloodstream remains completely unresolved. The three-dimensional spatial organization of the tubulo-alveolar complexes of the human prostate in its various zones and the architectonics of the excretory ducts have not been studied [17].

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