

**ELEVATED AND/OR RISING PSA IN PRESENCE OF NEGATIVE BIOPSY: CANCER, INFLAMMATION OR WATCHFUL WAITING, DILEMMA OF DECISION MAKING**

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**Introduction and Objectives:** When prostate biopsy (PB) is negative while PSA values are elevated or rising without signs or proven prostate cancer (Pca), controversy exists over further assessment either by saturation biopsy (SB) or by SB+TURP. Our study evaluates the significance of first line biopsy, SB and third line SB+TURP in differentiating and detecting Pca, inflammation, or BPH.

**Methods:** The 130 patients evaluated had persistently increased trends of serum PSA. The 12 cores PB were normal with suspicious DRE. Biopsy was taken by TRUS. Histopathology showed no evidence of Pca. PSA was still elevated and/or rising. 90 patients had a second SB of 36 cores. 25 patients underwent third line SB+TURP.

**Results:** 75 of 115 patients (65%) showed BPH in their second and third biopsy and different degrees of inflammation correlating positively with total PSA level ( $r=0.7$ ,  $P<0.001$ ). 15 patients (12.5%) showed Pca on the third line biopsy. 15 patients refusing second and third line biopsy had negative bone scan and no clinical evidence of Pca. Antimicrobial therapy for three weeks as test trial did not show significant decrease in PSA level.

**Conclusions:** Elevated and/or rising PSA in presence of negative first line prostatic core biopsy needs a second SB and a third line SB+TURP. Proven aggressiveness of inflammation would explain the elevated PSA.