Seminal vesicle invasion (Recommended)

Reason/Evidentiary Support

Seminal vesicle invasion (SVI) is rarely identified in transurethral resection (TUR) specimens, hence its absence does not need to be explicitly stated. However, if seminal vesicle/ejaculatory duct invasion is present it should be recorded and the following comments apply.

SVI is defined as involvement of the muscular wall of the extraprostatic portion of the seminal vesicle.¹ If seminal vesicle tissue is present and involved by tumour, this should be reported since it indicates that the tumour may be pT3b in the American Joint Committee on Cancer (AJCC)/Union for International Cancer Control (UICC) Staging system.^{2,3} However, in transurethral resection of the prostate (TURP) and enucleation specimens it is often difficult to distinguish between extraprostatic seminal vesicle and intraprostatic seminal vesicle or ejaculatory duct tissue, and it is important not to over interpret invasion of the latter two structures as SVI since their involvement by tumour does not constitute pT3b disease. If there is doubt as to whether the involved tissue represents the extraprostatic seminal vesicle or the intraprostatic seminal vesicle/ejaculatory duct, this should be stated in the report and SVI should not be definitively diagnosed.

References

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