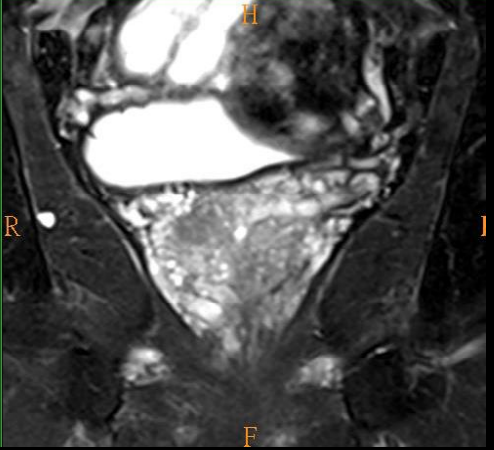
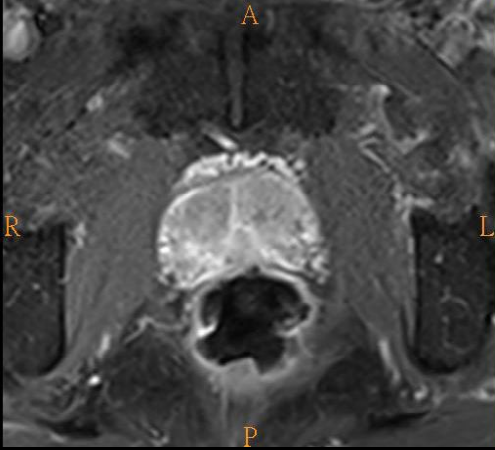
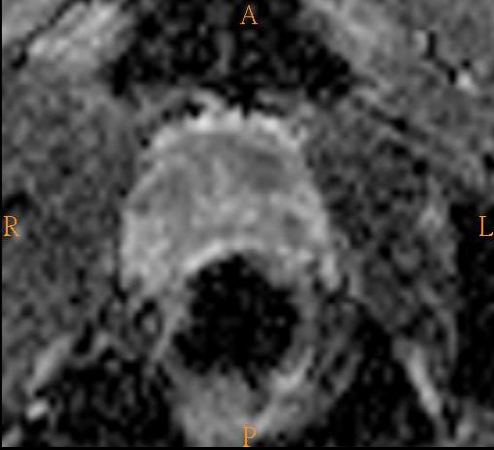
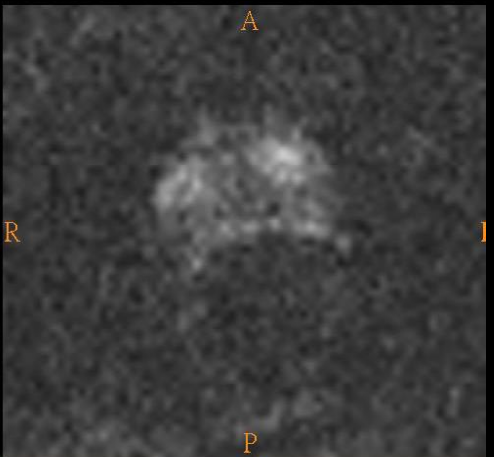
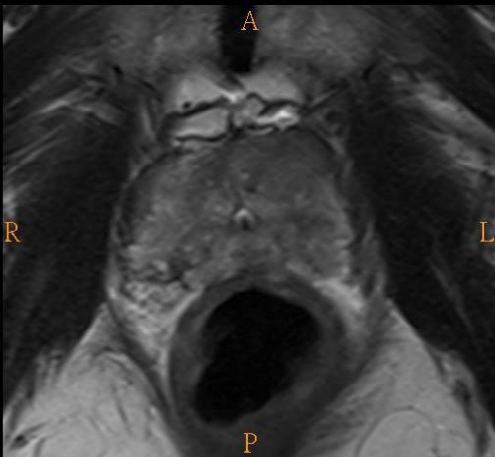
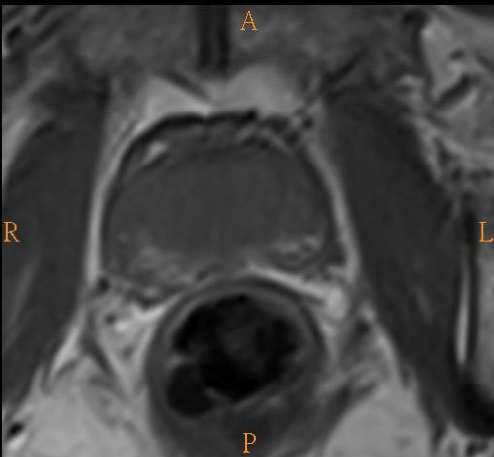


- 
- 75 year-old male
  - History:
    - Oliguria, nocturia and intermittent stream
    - Elevated PSA = 28 ng/mL
  - Past history:
    - No systemic disease before



, which in turn influences postoperative biochemical recurrence after radical prostatectomy

## T2WI criteria for extracapsular extension

- Disruption of the prostatic capsule
- Extension into the periprostatic fat
- Irregular capsular bulge or edge retraction
- Broad contact with the capsule ( $>12$  mm)
- Obliteration of the rectoprostatic angle
- Asymmetry of the neurovascular bundles

- Important marker of tumor progression and connected with increased risk of lymph node invasion, local tumor recurrence

## T2WI diagnosis

- Contiguous low-signal intensity (SI) tumor extension from base of the gland to seminal vesicles
- Focal low-SI within the seminal vesicles disruption or loss of the normal structure of the seminal vesicles
- Non-visualization or enlarged of the ejaculatory ducts
- Obliteration of seminal vesicle angle and decreased conspicuity of seminal vesicles