

Letter To Editor**Prostate-specific antigen in females: A new tool?**

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We read with interest the article<sup>1</sup> depicting the use of prostate-specific antigen (PSA) as a diagnostic tool in polycystic ovarian disease. While serum PSA levels in females are much lower than in males, and often need ultrasensitive immunoassays for quantification,<sup>2</sup> their importance cannot be overlooked. Indeed, PSA has come up as a potential serological diagnostic and prognostic tool in women recently. Increased levels of serum PSA has been detected in women with breast cysts and fibroadenoma<sup>3</sup> and is also thought to be a prognostic marker in women with metastatic breast cancer treated with me-

gestrol acetate.<sup>4</sup> However, the levels of PSA in malignant breast tissue have been found to be lower than in normal breast tissue or benign hyperplasia.<sup>5</sup> The value of PSA also increases in carcinoma of the female prostate (Skene's gland).<sup>6</sup> PSA has been detected in amniotic fluids<sup>7</sup> with the levels varying with gestational age and hence it has been suggested as a candidate growth factor.<sup>7,8</sup>

Thus, while much remains to be known about the biology of the physiological function of PSA in females, evidence indicates that it may emerge as a robust serological tool in near future for diagnosis and prognosis of many disorders.

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**Conflict of Interests**

Authors have no conflict of interests.

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