Re: Comparison of Outcomes of Salvage Robot-Assisted Laparoscopic Prostatectomy for Post-Primary Radiation vs Focal Therapy

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Abstract available at http://www.ncbi.nlm.nih.gov/pubmed/31430422

Editorial Comment: The authors review their experience with 126 salvage robot-assisted radical prostatectomies (RARPs) after primary radiation (75% of cases) or primary focal ablation (25%, mostly high intensity focused ultrasonography or cryoablation). As would be expected, functional outcomes were superior for patients who had previously received focal therapy, with shorter catheterization times and better 1-year continence outcomes. I have found that salvage RARP after focal therapy is technically less challenging, which likely accounts for these results. What is concerning is that the patients previously receiving focal therapy had higher rates of pT3 disease (71% vs 50%) and positive surgical margins (44% vs 17%). The whole gland fibrotic response to radiation therapy generally does not permit nerve sparing salvage RARP and thus likely explains the low positive margin rate in this group. Conversely focal therapy allows for better tissue planes accounting for the technical ease, although this clearly can mislead the surgeon and raises concern for performing ipsilateral nerve sparing in these patients. The higher pT3 disease rate also underscores the importance of preoperative staging with magnetic resonance imaging in this cohort and provides insight into where/how primary focal therapy fails in some patients.

Suggested Reading
Thompson JE, Sridhar AN, Tan WS et al: Pathological findings and magnetic resonance imaging concordance at salvage radical prostatectomy for local recurrence following partial ablation using high intensity focused ultrasound. J Urol 2019; 201: 1134.
Nunes-Silva I, Barret E, Srougi V et al: Effect of prior focal therapy on perioperative, oncologic and functional outcomes of salvage robotic assisted radical prostatectomy. J Urol 2017; 198: 1069.

Male and Female Sexual Function and Dysfunction; Andrology

Re: Paternity, Erectile Function, and Health-Related Quality of Life in Patients Operated for Pediatric Testicular Torsion

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Abstract available at http://www.ncbi.nlm.nih.gov/pubmed/31734118

Editorial Comment: This study compared paternity rates in adults who had spermatic cord torsion (SCT) in childhood vs a control population. Secondary outcomes were paternity rates after testis preserving surgery vs orchiectomy, and erectile function and health related quality of life (HRQoL). Questionnaires concerning paternity, erectile function (International Index of Erectile Function-5 questionnaire) and HRQoL (15D questionnaire) were mailed to 74 men treated for SCT and 92 controls treated for testicular appendage torsion between 1977 and 1995 who were older than 30 years at the time of the study. Paternity rates and HRQoL were similar between patients with SCT and controls. Type of surgery (orchiectomy vs detorsion)