

Editorial Comment

Editorial Comment to Salvage robot-assisted radical prostatectomy with pelvic lymph node dissection for radiorecurrent prostate cancer in a patient with a previous history of rectal cancer surgery


Imasato *et al.* reported a case of salvage robot-assisted radical prostatectomy (RARP) performed on a patient with prostate cancer following rectal cancer surgery and radiotherapy. In this case, careful dissection was performed under the combined guidance of transrectal ultrasound and digital rectal examination, resulting in a successful procedure without complications. The postoperative course was favorable both oncologically and functionally, with good urinary continence maintained.¹

In recent years, salvage radical prostatectomy after radiation therapy has been transitioning from open surgery to robot-assisted approaches. Reports indicate that robot-assisted surgery offers more stable treatment outcomes with fewer complications compared with open surgery.^{2,3} However, it is important to note that the incidence of complications with salvage RARP is higher than with primary RARP. Especially, the careful management should be needed in case of rectal injury. A temporary diverting colostomy, not primary closure of the rectal injury site, is the first-line choice, since previous radiotherapy is an important risk factor for rectourinary fistula.⁴

In this report, an experienced surgeon performed the procedure with caution, achieving favorable results. Although the patient had undergone rectal cancer surgery, meticulous surgical techniques led to a good postoperative course.¹ This outcome provides significant and insightful implications for prostate cancer treatment strategies. Nevertheless, it remains a challenging procedure that demands careful patient selection and should be performed exclusively by skilled surgeons.⁴

Author contributions

Masaki Shimbo: Conceptualization; writing – original draft; writing – review and editing.

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Conflict of interest

None declared.

References

- 1 Imasato N, Yajima S, Ogasawara A *et al.* Salvage robot-assisted radical prostatectomy with pelvic lymph node dissection for radiorecurrent prostate cancer in a patient with a previous history of rectal cancer surgery: a case report. *IJU Case Rep.* 2025.
- 2 Gontero P, Marra G, Alessio P *et al.* Salvage radical prostatectomy for recurrent prostate cancer: morbidity and functional outcomes from a large multicenter series of open versus robotic approaches. *J. Urol.* 2019; **202**: 725–31.
- 3 Martinez PF, Romeo A, Tobia I, Isola M, Giudice CR, Villamil WA. Comparing open and robotic salvage radical prostatectomy after radiotherapy: predictors and outcomes. *Prostate Int.* 2021; **9**: 42–7.
- 4 Marquis A, Marra G, Callaris G *et al.* Nightmares in salvage robot-assisted radical prostatectomy after primary radiation therapy for prostate cancer: a step by step tutorial. *Eur. Urol. Open Sci.* 2022; **43**: 62–7.