




## Letter to the Editor

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See the article "Sacral Nerves  
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Continence" via [https://doi.org/10.14245/  
ns.2142724.362](https://doi.org/10.14245/ns.2142724.362).

See the commentary on "Sacral Nerves  
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ns.2244872.436](https://doi.org/10.14245/ns.2244872.436).

# Reply to Commentary on "Sacral Nerves Reconstruction After Surgical Resection of a Large Sacral Chordoma Restores the Urinary and Sexual Function and the Anal Continence"

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Dear Editor,

We appreciate the interest in our article "Sacral nerves reconstruction after surgical resection of a large sacral chordoma restores the urinary and sexual function and the anal continence."<sup>1</sup> The sacrifice of sacral nerves is often a necessary step if a benefit is to be given to the progression free survival rate, which results in a severe burden and deterioration of quality of life for patients with sacral chordoma.

The authors of the commentary emphasize that the technique we have adopted opens up a new treatment perspective and is an important technical innovation.

We welcome the suggestion of using standardization of sphincter function, which we will adopt in future studies in this regard.<sup>2</sup>

Regarding the possibility that the patient may have overestimated improvements, we can state that we have instrumental data such as electromyography and, most importantly, rectal manometry and uroflowmetry that demonstrate the absence of significant postmicturitional residual (which was present after surgery and required intermittent catheterization) and the reappearance of effective anal sphincter tone. At the time of writing, the patient has passed 2 years since surgery and is continuing follow-up clinical and instrumental checks that show no new findings, and the clinical status is characterized by an excellent quality of life.

In conclusion, we welcome the opportunity to use sphincter disability scales recognized by the scientific community, with the goal of verifying and validating this reconstructive technique.

**Conflict of Interest:** The author has nothing to disclose.

## REFERENCES

1. Berra LV, Armocida D, Palmieri M, et al. Sacral nerves reconstruction after surgical resection of a large sacral chordoma restores the urinary and sexual function and the anal continence. *Neurospine* 2022;19:155-62.
2. Sillén U, Sjöström S, Doroszkiewicz M, et al. Development and validation of symptom score for total bladder-bowel dysfunction: subscales for overactive bladder and dysfunctional voiding. *J Urol* 2020;204:1333-40.



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