Histology of Surgical Margin of the Radical Perineal Prostatectomy

Radikal Perineal Prostatektomi Cerrahi Sınır Histolojisi

Radikal Perineal Prostatektomi ve Cerrahi Sınır / Radical Perineal Prostatectomy and Surgical Margin

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To the Editor:

We have read the anatomohistological study of Akca O et al. made in radical prostatectomy specimens with great interest.[1] In 1904, Hugh Hampton Young and William Stewart Halsted at the Johns Hopkins Hospital in Baltimore / USA carried out the first perineal prostatectomy.[2] Perineal radical prostatectomy method is the commonly used standard prostatectomy method in those years. Afterwards the increase in concern regarding to pelvic lymph node dissection (PLND) and the requirement of a secondary incision line for PLND have caused the disfavor of PRP technique. In time; PRP has given its place to retropubic radical prostatectomy (RRP) and robot-assisted laparoscopic prostatectomy methods. However early diagnosis has become possible by using Partin tables and Katton nomogram for the prediction of nodal metastasis and depending on the developments in the imaging of prostate specific antigen and the requirement to PLND has decreased.[3,4] In this case PLND, that has become a disadvantage in PRP application, is no longer a problem. Also in the comparative studies performed by PRP and other methods; numerous advantages are specified. These can be sequenced as short operation period, reduced intraoperative expenses, reduced blood loss, pain loss, shorter postoperative hospitalization period.[4,5] When robotic radical prostatectomy is compared with RRP; while reduced blood loss and shorter hospitalization time are notified in the literature; there is no sufficient data regarding to incontinence and impotence.[4] PRP technique, as mentioned above, provides similar advantages like robotic laparoscopic prostatectomy. However it is more expensive and a longer training time is required in order to perform surgeries. Additionally in the studies of Akca O et al.; various anatomohistological parameters are evaluated and as a result, they have specified that via the PRP technique; periprostatic vascular tissues, nerve bundles and facial tissue are protected and besides, anatomic dissection of prostate can be performed according to the oncologic principles. Also the absence of dorsal venous complex in the specimens is important in terms of the protection of pubovesical complex. Via existing data; it can be observed that it will be more advantageous both in terms of the patient and economically when PRP technique is primarily used in the cases who do not need PLND. In order to update PRP technique again; wide series of studies are required regarding to this subject.

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