


Editorial Comment on: Nerves at the Ventral Prostatic Capsule Contribute to Erectile Function: Initial Electrophysiological Assessment in Humans

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Ever since the introduction of radical prostatectomy for prostate cancer, the so-called functional results were of major importance with regard to outcome and quality of life. As we have learned over the years, both the patient’s and his spouse’s quality of life are affected by various forms of treatment for prostate cancer [1]. Thus, achieving the optimal functional outcome is a paramount interest of everyone trying to treat prostate cancer. Since the introduction of Patrick Walsh’s technique to preserve the neurovascular bundle, numerous modifications have been reported [2–7]. Initially, the urologic community believed that preserving the dorsolateral neurovascular bundle meant preserving potency. Due to novel data obtained from different groups, we have started to learn that the periprostatic nerve distribution is variable and that up to 25% of nerves can be found along the ventral circumference of the prostate capsule [8–10]. It is obvious that the operation techniques in appropriate cases, in terms of oncologic safety—which, above all, is the most important trigger for all treatment options—must be modified to achieve optimal functional results. None of the studies, however, answer the question of whether these nerves contribute to erectile functioning.

In the study by Kaiho et al, electrophysiologic testing is used to confirm whether or not nerves at the ventral circumference of the prostate capsule and the periprostatic nerve network contribute to erection [11]. As shown in the figures, the stimulation at all positions between 1 and 5 o’clock evoked urethral pressure responses leading to an increased cavernosal pressure; thus, the authors conclude that the periprostatic nerve network contributes to the erection.

It will be interesting to see whether other studies can corroborate these findings. Once these results have been verified, we must learn how to decide whether it is worth preserving these non–neurovascular bundle nerves and not compromising the oncologic outcome of radical prostatectomy.

References


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