
Editorial Comment

Editorial Comment to Postoperative phosphodiesterase type 5 inhibitor administration increases the rate of urinary continence recovery after bilateral nerve-sparing radical prostatectomy

The authors investigated the effects of phosphodiesterase type 5 inhibitors (PDE5-I) on urinary continence recovery after bilateral nerve-sparing radical prostatectomy (BNSRP) in a retrospective study on 393 men. They concluded that men taking PDE5-I had higher continence recovery rates as compared with those untreated after BNSRP, suggesting that an improvement in sphincteric and pelvic floor blood supply could be responsible for this PDE5-I dependent effect.

The present article’s strength is the large population of the study, recruited in a single tertiary referral center for prostate cancer, investigated preoperatively with a detailed data setting (including baseline International Prostate Symptoms Score [IPSS] and Body Mass Index [BMI]), treated exclusively with BNSRP, managed with short catheterization time (median 8 days) and with subsequent standardized muscle exercise to improve continence recovery without hormone manipulation for postoperative biochemical failure, and followed up for 3 years. The few limits of this study are the absence of a grading of severity of post-prostatectomy urinary incontinence (such as “No pad”, “1
pad-a-day”, “2 or more pads-a-day”\(^2\), or the lack of a specific validated questionnaire (such as UCLA-PCI\(^3\)), the use of several PDE5-I (all commercially available), with only one-third of the population taking just a single PDE5-I (tadalafil) on daily administration.

This very interesting retrospective trial confirms the previous outcomes of our prospective randomized controlled trial\(^1\) reporting a direct positive effect of PDE5-I on urinary function, after the removal of the prostate, suggesting – as underlined in the conclusions by Briganti \textit{et al.} – a direct activity of PDE5-I on the lower urinary tract, and in particular on the bladder, urinary sphincter and overall pelvic blood flow, even in the absence of the prostatic gland.\(^5\)\(^-\)\(^7\)

Furthermore, one of the noteworthy outcomes of the present study is that age and PDE5-I administration were the main determinants for continence recovery, and both preoperative urinary function (measured with IPSS) and BMI were borderline significant for the prediction of continence recovery after BNSRP. This data confirmed in a population of men treated with radical prostatectomy for prostate cancer what we have recently published in a meta-analysis\(^8\) on men with benign prostatic hyperplasia treated with PDE5-I for lower urinary tract symptoms (LUTS), showing that young men with low BMI and severe LUTS were the best responders to PDE5-I treatment, in terms of improvement of urinary function.

Further prospective randomized controlled trials with long-term follow up (12–36 months) are required to better understand the overall impact of daily and/or on demand PDE5-I administration on continence recovery after a nerve-sparing and/or a non-nerve-sparing radical prostatectomy.

\textbf{Conflict of interest}

None declared.

\textbf{References}