



Editorial Comment: Analysis of the Current Surgical Anatomical Knowledge of Radical Prostatectomy: An Updated Review

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COMMENT

Prostatic anatomy is one of the most important points in prostate cancer surgical treatment. Recently the advent of robotic surgery changes the radical prostatectomy, resulting in better outcomes and faster recovery (1-4). The objective in this paper of Mandel and colleagues (5) is to survey the existing peer-reviewed literature encompassing prostate anatomy and to consolidate its teachings to the surgeon trainee. The authors summarizes the key findings into a three-dimensional model, bringing the anatomy to life to help learners visualize the complexity of prostate anatomy. The paper conclude that the prostate is a dense organ with muscular and glandular features. Located within the true pelvis, the prostate is surrounded by several fascial planes that contain the neurovascular structures. Lumbosacral parasympathetic nerve root fibers of the pelvic plexus run posterolateral to the prostate gland in a neural hammock configuration. This anatomic understanding informs the NS technique. Finally, the anterior ligamentous structures play a role in continence and possibly erectile function too. We congratulate the authors for the interesting paper.

CONFLICT OF INTEREST

None declared.

REFERENCES

1. Moschovas MC, Jaber A, Saikali S, Sandri M, Bhat S, Rogers T, et al. Impacts on functional and oncological outcomes of robotic-assisted radical prostatectomy 10 years after the US Preventive Service Taskforce recommendations against PSA screening. *Int Braz J Urol.* 2024;50(1):65-79. doi: 10.1590/S1677-5538.IBJU.2023.0530
2. Jiao RD, Wang Z, Kong XG, Tang SY, Xia D, Wu ZJ, et al. Clinical outcomes and cost-effectiveness between the Sentire® and da Vinci® systems in robot-assisted radical prostatectomy. *Int Braz J Urol.* 2025;51(4):e20240706. doi: 10.1590/S1677-5538.IBJU.2024.0706
3. Gamal A, Moschovas MC, Saikali S, Reddy S, Ozawa Y, Sharma R, et al. Comparing the technological and intraoperative performances of Da Vinci Xi and Da Vinci 5 robotic platforms in patients undergoing robotic-assisted radical prostatectomy. *Int Braz J Urol.* 2025;51(1):e20240569. doi: 10.1590/S1677-5538.IBJU.2024.0569
4. Pires RDS, Pereira CWA, Favorito LA. Is the learning curve of the urology resident for conventional radical prostatectomy similar to that of staff initiating robot-assisted radical prostatectomy? *Int Braz J Urol.* 2024;50(3):335-45. doi: 10.1590/S1677-5538.IBJU.2024.9909
5. Mandel A, Parekh S, Choudhary M, Morizane S, Kacagan C, Tillu N, et al. Analysis of the current surgical anatomical knowledge of radical prostatectomy: an updated review. *Eur Urol.* 2026;89(2):128-39. doi: 10.1016/j.eururo.2025.06.002

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