

Re: Conservative Management of Early Bladder Rupture After Postoperative Radiotherapy for Prostate Cancer

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www.uj.unrc.ir*

Sir,

In *Urology Journal* 2008;5:269-71, Basiri and Radfar reported on the serious but rare complication of spontaneous intraperitoneal bladder rupture following salvage radiotherapy for biochemically recurrent prostate cancer.⁽¹⁾ This was successfully managed by conservative methods. Bladder rupture has been described as a complication of both pelvic external beam radiation therapy and brachytherapy in patients with cervical, prostate, and sarcomatous soft tissue malignancies, but with a much longer latent period of 7 to 15 years. Unusually, this case occurred following salvage external beam radiation therapy for prostate cancer completed just 8 months previously and following an alternative hyperfractionated schedule of 72 Gy at 1.2 Gy per day as stated.

While there are hyperfractionated (< 2 Gy per day) regimens employed in the management of men undergoing definitive treatment of prostate cancer,⁽²⁾ these have used as twice-daily treatment and have not been associated with increased acute or late toxicity. To my knowledge, there are no hyperfractionated salvage radiotherapy protocols for prostate carcinoma in current clinical use. While there are no details regarding bladder dose volume constraints, nor regarding on treatment urogenital toxicity, I am concerned that this unusual toxicity may have been related to the

use of a nonstandard fractionation schedule in a patient who appeared to have an enhanced normal tissue reaction as evidenced by the soft tissue fibrosis they developed while on treatment. This case serves to reinforce the need for standardization of fractionation schedules in the multidisciplinary management of prostate cancer. This will be especially important as more patients with biochemical failure, margin positivity, or pT3 disease are referred for salvage or adjuvant radiation, based on recent demonstration of a survival advantage for these patients.

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