

International Braz J Urol

EDITOR'S COMMENT

Cryoablation for Clinically Localized Prostate Cancer

The July – August 2008 issue of the International Braz J Urol presents interesting contributions from different countries, and the editor's comment highlights some papers.

Doctor DiBlasio and co-workers, from University of Tennessee, Memphis, USA, evaluated on page 443 the erectile function (EF) and the voiding function following primary targeted cryoablation of the prostate (TCAP) for clinically localized prostate cancer. The authors retrospectively reviewed all patients treated between 2/2000 and 5/2006 with primary TCAP. Variables included age, Gleason sum, pre-TCAP prostate specific antigen (PSA), prostate volume, clinical stage, pre-TCAP hormonal ablation, pre-TCAP EF and American Urologic Association Symptom Score (AUASS). After exclusions, 78 consecutive patients were analyzed with a mean age of 69.2 years and follow-up 39.8 months. Stable voiding function was observed post-TCAP, with an overall incontinence rate of 7.7%. Although erectile dysfunction is common following TCAP, 25.7% of previously potent patients demonstrated erections suitable for intercourse.

Doctor Kohler and colleagues, from Southern Illinois University, Springfield, IL, USA, evaluated on page 451 the length of the urethra in 109 men with normal genitourinary anatomy undergoing either Foley catheter removal or standard cystoscopy. The authors found the mean urethral length of 22.3 cm with a standard deviation of 2.4 cm. Urethral length varied between 15 cm and 29 cm. No statistically significant correlation was found between urethral length and height, weight, body mass index (BMI), or age. This data adds to basic anatomic information of the male urethra and may be used to optimize genitourinary device design. Dr. K. A. Hutton, from University Hospital of Wales, UK, Dr. Benjamin K. Canales, from University of Florida, Gainesville, FL, USA and Dr. M. M. Koraitim from University of Alexandria, Egypt, provided editorial comments to this paper.

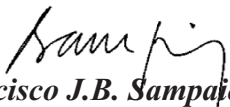
Doctor Zimmermann and collaborators from Universities of Vienna and Innsbruck, and from University of Tuebingen, Tuebingen, Germany, determined on page 457 the expression of the cytokines transforming growth factor- β 1 (TGF- β 1), interferon- γ (IFN- γ), interleukin-6 (IL-6), and tumor necrosis factor- α (TNF- α) in serum from patients with Peyronie's disease (PD) compared to healthy controls. Ninety-one consecutive PD patients aged 20 - 74 years were included in this study. All patients were diagnosed with symptomatic PD for the first time and had a palpable penile plaque. The authors concluded that the significantly elevated serum level of the profibrotic TGF- β 1 cytokine found in this study, underscores the effect of cytokines in the pathophysiology of PD. The significantly decreased TNF- α serum level suggested no acute immunomodulatory process. Therefore, the relevance for therapeutic administration of TNF- α should be further investigated. Quantification of TGF- β 1 in serum of PD patients provides a possible diagnostic tool and target for therapy. The data on altered cytokine levels in PD patients also provide a new understanding for etiopathogenesis

EDITOR'S COMMENT - *continued*

of PD, which warrants further investigation. Doctor Joaquim Claro, from University of Sao Paulo, Brazil, provided an editorial comment to this article.

Doctor Scheiner and co-workers, from the National Cancer Institute Rio de Janeiro, Brazil, determined on page 467 the prevalence of human papillomavirus (HPV) DNA in penile cancers in Rio de Janeiro, Brazil. They studied prospectively, 80 consecutive cases of patients with penile cancers who underwent surgical treatment. The parameters observed were the presence or absence of HPV DNA viral type, histological subtypes, clinical stage and overall survival. The authors found HPV DNA in 75% of patients with invasive carcinomas and in 50% of patients with verrucous carcinomas. High risk HPVs were detected in 15 of 54 (27.8%) patients with HPV positive invasive tumors and in 1 of 4 (25%) patients with HPV positive verrucous tumors. HPV 16 was the most frequent type observed. No correlation was observed between HPV status and histological subtype ($p = 0.51$) as well as HPV status and stage stratification ($p = 0.88$). The authors concluded that HPV infection may have contributed to malignant transformation in a large proportion of penile cancer cases but only inguinal metastasis was a prognostic factor for survival in these patients. Dr. P. K. Hegarty from University College Hospital London, UK and Dr. David M. Prowse from the John Vane Science Centre, London, UK, provided editorial comments on this paper.

Doctor Barros and co-workers, from Cleveland Clinic Foundation, Cleveland, Ohio, USA, reported on page 413 their laparoscopic experience with simultaneous laparoscopic radical cystectomy (LRC) and nephroureterectomy. Between August 2000 and June 2007, 8 patients underwent simultaneous laparoscopic radical nephroureterectomy (LNU) (unilateral-6, bilateral-2) and radical cystectomy at their institution. Demographic data, pathologic features, surgical technique and outcomes were retrospectively analyzed. Median estimated blood loss and hospital stay were 755 mL (range 300-2000) and 7.5 days (range 4-90), respectively. There were no intraoperative complications but only 1 major and 2 minor postoperative complications. The overall and cancer specific survival rates were 37.5% and 87.5% respectively at a median follow-up of 9 months (range 1-45). The authors concluded that laparoscopic nephroureterectomy with concomitant cystectomy is technically feasible. Greater number of patients with a longer follow-up is required to confirm our results. Dr. Jose Colombo and Dr. Anuar I. Mitre, from University of Sao Paulo, Brazil, provided an editorial comment to this paper.


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