

International Braz J Urol

EDITOR'S COMMENT

Novel Strategies for the Treatment of Wilms' Tumor

The March - April 2007 issue of the International Braz J Urol presents interesting contributions from different countries, and as usual, the editor's comment highlights some papers.

Doctor Tucci Jr and co-workers, from Ribeirao Preto Medical School, University of Sao Paulo, Sao Paulo, Brazil, evaluated on page 195 the treatment outcomes in Wilms' tumor. The sample consisted of 53 children with median age of 2 years with Wilm's tumor, stages (n = 9), II (n = 14), III (n = 12), IV (n = 6) and V (n = 2). Treatment consisted of surgical excision plus adjuvant (40 children) or neoadjuvant and adjuvant chemotherapy (unresectable tumor, n = 8, or caval tumor extension, n = 5). Relapsed Wilm's tumor was treated with multiagent regimens including cisplatin/carboplatin, cyclophosphamide, ifosfamide and etoposide. Overall and disease-free survival rates at 5 years were respectively $88.2 \pm 5.0\%$ and $76.7 \pm 6.6\%$. Short duration therapy for stage I tumor showed a disease-free survival rate of 100% in a median time of 101 months (range 14 to 248 months). Overall and disease-free survival of 10 patients with recurrent Wilm's tumor at 5 years was 42.8%. The child treated with high-dose chemotherapy plus stem cell transplant is alive without evidence of disease 84 months from relapse. Recognized experts in the field, Dr. Hashim U Ahmed, Dr. Manit Arya and Dr. Imran Mushtaq, from The Institute of Urology & Nephrology, University College London, UK, and Dr. Vahudin Zugor, from Friedrich-Alexander-Universitat, Erlangen, Germany, provided excellent editorial comments on this paper, which deserve to be read by all urological oncologists.

Doctor Datta and colleagues, from Institute of Medical Sciences, Banaras Hindu University, Varanasi, India, assessed on page 181 the success of buccal mucosal graft urethroplasty by the dorsal onlay technique in long anterior urethral stricture (> 2 cm long) through a midline perineal incision. The authors managed 43 patients with long anterior urethral strictures by dorsal onlay buccal mucosal graft urethroplasty. The mean stricture length was 4.8 cm (range 3 to 9 cm) and mean follow up was 48 months (range 12 to 84 months). Only five patients were found to develop stricture at anastomotic site, during follow-up. Two of them voided normally after single attempt of visual internal urethrotomy. Other 3 patients (6.9%) required further open surgery or repeat visual internal urethrotomy during follow up and were considered as failure. The authors concluded that dorsal onlay buccal mucosal graft urethroplasty is a simple technique with good surgical outcome. Dr. Guido Barbagli, from the Center for Urethral Reconstructive Surgery, Arezzo, Italy, a world-recognized expert in urethral surgery, provided an editorial comment that gives a critical analysis on this manuscript.

Doctor Ozden and collaborators, from Numune Education and Research Hospital, Ankara, Turkey, determine on page 216 the prevalence and associated factors of enuresis in Turkish children and identified the common methods for its management. After analyzing 1,339 were completed questionnaires (89%), it was found that the overall prevalence of nocturnal and diurnal enuresis were 17.5% (n = 234) and 1.9% (n = 25), respectively. Male gender, low age, history of enuresis among parents, low educational level of the parents,

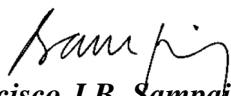
EDITOR'S COMMENT - *continued*

deep sleep, increased number of siblings, increased number of people sleeping in the child's room, history of enuresis among siblings, poor school performance and history of recurrent urinary tract infections were significantly associated with enuresis, but not with severe enuresis. The percentage of children with enuresis seen by physician for treatment was 17.2%. The most preferred treatment option for enuresis was medications (59.5%), whereas alarm treatment was the least preferred (2.4%). The authors also found that families in Turkey do not pay sufficient attention to enuresis and most of enuretic children do not receive professional treatment.

Doctor El Zoghbi and co-workers, from State University of Rio de Janeiro, Brazil, presented on page 223 a histological and stereological analysis of gubernaculum testis elastic system fibers, collagen and striated muscle cells, in patients with cryptorchidism treated with human chorionic gonadotrophin (hCG). After studying 12 patients, the authors found that gubernacular components alter significantly when submitted to treatment with hCG. Patients who underwent hCG treatment and had no complete testicular migration had an increase in the concentration of elastic and striated muscle fibers and a decrease in the volumetric density of collagen. Dr. Feridun Cahit Tanyel, from the Hacettepe University Faculty of Medicine, Ankara, Turkey, a well-known authority in the field of cryptorchidism, presented an editorial comment that gives balance on the findings of this provocative article.

Doctor Hosseini and associates, from Shaheed Beheshti University of Medical Sciences, Tehran, Iran, assessed on page 167 the incidence of prostate adenocarcinoma in patients undergoing radical cystoprostatectomy due to bladder cancer. Incidentally detected cancer was found in 7 (14%) of cystoprostatectomy specimens. HGPIN was present in 1 (14.3%) of the cystoprostatectomies with incidentally detected prostate cancer. The authors concluded that incidentally detected prostate cancer in Iran is lower than the rates reported in other countries. Dr. Athanase Billis, from State University of Campinas, Sao Paulo, Brazil and Dr. Oner Sanli & Dr. Tarik Esen, from Istanbul University, Turkey, provided interesting editorial comments on this paper.

Doctor Rapp and colleagues, from University of Chicago Pritzker School of Medicine, Chicago, Illinois, USA, described and illustrated on page 231 the use of AdVance™ sling placement in the treatment of post-prostatectomy urinary incontinence. Based on the initial experience with 4 patients, the authors believed that the Advance Male Sling System may be a safe technique for the treatment of male stress urinary incontinence. The technique is easy to perform and may offer a reproducible, transobturator approach. Dr. Jesús Moreno Sierra, from Complutense University, Madrid, Spain and Dr. Domenico Viola & Dr. Sergio Leoni, from Azienda Ospedaliera di Reggio Emilia, Reggio Emilia, Italy, provided editorial comments in this new surgical technique report.


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