
EDITOR'S COMMENT

The January - February 2004 issue of the International Braz J Urol presents interesting contributions and as usual the Editor's Comment will highlight some important papers.

Doctor Labrie, from the Laval University Medical Center, Quebec City, Quebec, Canada, the world expert in the field, presented on page 3 a thorough analysis on the current status of endocrine therapy with the purpose of cure in localized prostate cancer. According to the author, currently available data while showing the high efficacy of hormonal therapy in localized prostate cancer clearly indicate that long-term treatment with the best available drugs, somewhat similar to the 5 years of Tamoxifen in breast cancer, is required for optimal control of prostate cancer. It is also clear from the data analyzed that combined androgen blockage alone could well be an efficient therapy of localized prostate cancer while it has already been recognized as the best therapy for metastatic disease.

Doctor Andreoni and colleagues, from Federal University of São Paulo, SP, Brazil, and University of California, Irvine, California, USA, presented on page 59 an elegant investigative work on standardization and analysis of safety and immediate efficacy of endopyelotomy with Acucise™ catheter. By using swine as the animal model, after 56 procedures the authors did not find Acucise™ device malfunction and in no case there was any evidence of intraoperative hemorrhage. The authors found that performing Acucise™ endopyelotomy routinely in a standardized manner could largely preclude intraoperative device malfunction and eliminate complications while achieving a successful incision in the ureteropelvic junction (UPJ). The authors suggested that following closely the guidelines used in this study, Acucise™ endopyelotomy can be completed successfully and safely in the majority of selected patients with UPJ obstruction.

Doctors Swana, and co-workers, from University of California San Francisco, and Tripler Army Medical Center, California, USA, presented on page 40 a review on the current knowledge on prenatal intervention for urinary obstruction and myelomeningocele. The enthusiasm that accompanied early interventions has been tempered by the experience and results obtained over the past 2 decades. The authors reminded us that for most fetuses with obstructive uropathy, intervention is not necessary. The selection criteria for fetal therapy of obstruction evolved such that patient selection is presently good enough to avoid intervention in patients who are either too well (no benefit) or too ill to recover. Fetal and experimental studies suggested that patients with myelomeningocele could benefit from prenatal intervention. Advances in technology and perinatal management have made intervention for more complex malformations such as myelomeningocele possible. In this article, the current state of antenatal myelomeningocele repair and the urologic implications were described.

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Doctors Palma and colleague from State University of Campinas, Brazil, evaluated on page 53 the clinical and urodynamic effects of intravesical instillation of resiniferatoxin in patients with idiopathic detrusor instability refractory to anticholinergics. A clinical improvement was observed in 30% of the patients with urinary urgency and in 33% of the patients with urge-incontinence. The authors concluded that resiniferatoxin in a concentration of 50 nM demonstrated to be useful in a small percentage of patients regarding clinical detrusor instability. Maximum amplitude of the involuntary contractions was significantly reduced, and in 33% of the patients the involuntary contractions disappeared.

Doctors Martinez and co-workers from Federal University of São Paulo, Brazil, analyzed on page 12 the prostate specific antigen velocity (PSAV) in localized prostate adenocarcinoma. It was studied 500 men who had localized prostate adenocarcinoma and underwent radical retropubic prostatectomy. Interestingly, it was found that PSAV presented statistically significance with an increment between 1.3 ng/mL and 9.6 ng/mL, ranging from 38.6% and 59.8% when compared with the initial PSA value ($p < 0.0001$), clinical stage ($p = 0.0002$), tumor volume ($p < 0.0001$) and Gleason score ($p = 0.0009$). The authors concluded that PSAV up to 2.5 ng/mL/year is associated with factors of good prognosis, such as initial PSA below 10 mg/mL, clinical stage T1, tumor volume below 20% and Gleason score lower than 7.

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