

mobilization could move the testis to the scrotum in almost all cases (2). The present surgical technique would be a better alternative to the Fowler-Stephens procedure, which can cause unacceptable rates of testicular atrophy and therefore is out of use in most pediatric urology departments.

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RECONSTRUCTIVE UROLOGY

doi: 10.1590/S1677-553820090006000023

Clinical outcome and quality of life assessment in patients treated with perineal urethrostomy for anterior urethral stricture disease

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J Urol. 2009; 182: 548-57

Purpose: We performed a quality of life assessment for patients treated with perineal urethrostomy for anterior urethral stricture disease.

Materials and Methods: We retrospectively reviewed 173 patients (median age 55 years) who underwent perineal urethrostomy (from 1978 to 2007) as part of a plan for a staged urethroplasty repair for a complex anterior urethral stricture. The perineostomy was made using flap urethroplasty. The clinical outcome was considered a failure when postoperative instrumentation was needed. A questionnaire was used to evaluate patient quality of life and satisfaction.

Results: Stricture etiology was unknown in 50.3% of the cases, lichen sclerosus in 17.3%, catheter in 13.3%, instrumentation in 8.7%, failed hypospadias repair in 4.6%, trauma in 4.1% and infection in 1.7%. Stricture length was 1 to less than 2 cm in 1.2% of cases, 2 to less than 3 cm in 3.5%, 3 to less than 4 cm in 12.1%, 4 to less than 5 cm in 13.8%, 5 to less than 6 cm in 7.5%, greater than 6 cm in 4.1% and panurethral in 57.8%. Of 173 patients 91 (52.6%) underwent prior urethroplasty. Median follow-up length was 62 months (range 12 to 361). Of 173 cases 121 (70%) were successful and 52 (30%) were failures, requiring revision of the perineostomy. Of 173 patients 135 (78%) were satisfied with the results obtained with surgery, 33 (19.1%) were very satisfied, 127 (73.4%) with a median age of 57 years (range 23 to 85) refused to do the second stage of urethroplasty and 46 (26.6%) with a median age of 47.5 years (range 27 to 72) are currently on a waiting list for the second stage of urethroplasty.

Conclusions: Perineostomy is a necessary procedure for patients with complex urethral pathology and satisfaction rates are high.

Editorial Comment

The authors describe herein their results with perineal urethrostomy as a permanent solution for complex stricture disease. In men such as those with hypospadias who have undergone multiple prior failed procedures it avoids the physical and psychological trauma of yet another attempt at repair. In men with long segment dense stricture disease, especially if due to lichen sclerosis, it avoids the morbidity of a 2- or 3-stage repair with several grafts. I have also found this procedure to be a good option in elderly men with multiple comorbidities who have moderate strictures and would not be able to tolerate a substitution urethroplasty under general anesthesia. Additionally, if suffer stenosis of their perineal urethrostomy it is far simpler for them to perform serial dilation through this short tract than through the penis. I commend the authors for working to assess patient satisfaction and quality of life. As they state, patient-derived outcomes assessment will become the standard of care in this field as it has in many others.

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doi: 10.1590/S1677-553820090006000024

Urinary side effects and complications after permanent prostate brachytherapy: the MD Anderson Cancer Center experience

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Urology. 2009; 74: 601-5

Objectives: To evaluate acute and long-term urinary morbidity after permanent prostate brachytherapy at a single tertiary care center. To minimize the risk of long-term urinary morbidity, it is important for clinicians to be able to distinguish acute urinary side effects after prostate brachytherapy from longer-term treatment-related urinary complications.

Methods: The medical records of 351 consecutive patients who underwent prostate brachytherapy at the MD Anderson Cancer Center between 1998 and 2006 were analyzed. To evaluate the short-term urinary side effects, the Expanded Prostate Cancer Index Composite questionnaire was administered at baseline and at 1,4,8, and 12 months. Long-term urinary complications were scored using a modified Radiation Therapy Oncology Group scale.

Results: All 4 urinary subdomain scores evaluating acute urinary side effects after treatment (bother, function, incontinence, and irritation or obstruction) had returned to baseline levels by 8 months after implantation. At 5 years, the cumulative risks of late urinary complications by grade were 8.6% for grade 1 complications, 6.5% for grade 2, 1.7% for grade 3, and 0.5% for grade 4. The most common grade 2 late urinary complications were urethral stricture (4 patients), incontinence requiring daily pads (3 patients), and intermittent hematuria (3 patients). Grade 3 complications were urinary retention requiring self-catheterization (2 patients) and severe frequency with dysuria (2 patients). The only grade 4 event was severe hemorrhagic cystitis.

Conclusions: Short-term urinary side effects after prostate brachytherapy are common, follow a predictable course, and typically resolve within 1 year. Conservative management of short-term urinary side effects is recommended to minimize the risk of long-term urinary complications.