as anastomotic strictures was found in 4.5 – 17.5% within 6 – 8 months after the surgery. Compared to these data, the authors have only 3.5% of anastomotic strictures, which is at the lower end.

The good message about the report of these problems is that the majority of patients did regain volitional voiding, generally after one endoscopic treatment (with the exception of pelvic tumour recurrences). This led to the conclusion by the authors that despite a fairly large emptying failure in this series most of these problems were of mechanical origin and could thus be managed endoscopically.

It is of note, too, that apparently none of the anastomotic tumor recurrences was treated either surgically or by radiotherapy. One can speculate that the anastomotic tumour recurrences were a consequence of a more cranial pelvic recurrence. It may, however, also have been possible that due to the omission of endoscopy during the follow up a recurrence was only diagnosed at a time when surgery was not a possibility anymore.

From this large series one can also see that a neobladder valve obstructing the outlet can be found in male patients as well. We have seen and published obstructing ileal valves as a possible reason of urinary retention in female patients. Obstructing ileal valves seem to be a possibility in male patients as well and are leading to the same therapeutic consequence, i.e. transurethral valve resection (1). The similar observation in male patients was seen with dysfunctional voiding: It was present in 2% of male patients and almost always led to long term catheterization.

Altogether a nice series of a not so rare problem in both male and female neobladder patients. For those performing such a procedure and those dealing with these patients during follow up it is definitely a recommendable manuscript.

References

1. Stenzl A, Colleselli K, Bartsch G: Update of urethra-sparing approaches in cystectomy in women. World J Urol. 1997; 15: 134-8.

Dr. Arnulf Stenzl & Dr. Karl-Dietrich Sievert
Department of Urology
Eberhard-Karls-University Tuebingen
Tuebingen, Germany

UROLOGICAL ONCOLOGY

Cystectomy for Transitional Cell Carcinoma of the Bladder: Results of a Surgery Only Series in the Neobladder Era

Hautmann RE, Gschwend JE, de Petriconi RC, Kron M, Volkmer BG
Department of Urology, Faculty of Medicine, University of Ulm, Germany
J Urol. 2006; 176: 486-92; discussion 491-2

Purpose: We studied the effect of radical cystectomy for transitional cell carcinoma of the bladder on survival and failure patterns when the 2 surgical standards cystectomy and neobladder were combined, when possible. Materials and methods: A consecutive series of patients undergoing radical cystectomy with pelvic lymph node dissection for transitional cell carcinoma of the bladder with curative intent was analyzed. Patients with neoadjuvant radiotherapy/chemotherapy were excluded. Pathological characteristics based on the 2002 TNM system, recurrence-free/overall survival and metastatic patterns were determined.

Results: A total of 788 patients with a mean age +/- SD of 65 +/- 10 years and a mean followup of 53.5 months who underwent surgery between 1986 and 2003 were analyzed. A neobladder was constructed in 75.4% of patients. Ten-year recurrence-free and overall survival rates were 59.1% and 44.9%, respectively. Positive lymph nodes were present in 143 patients (18%). The rate of recurrence-free survival at 5 years was 82.5% for pT2a pN0, 61.9% for pT2b and pT3a pN0, and 53.1% for pT3b pN0 disease. Local and distant failure rates were 4% and 9.5% for organ confined tumors, 15.9% and 19.2% for nonorgan confined tumors, and 20.4% and 45.1% in patients with positive lymph nodes, respectively.
Conclusions: In patients with organ confined, lymph node negative transitional cell carcinoma excellent survival data can be achieved as long as the tumor is limited to the inner half of the detrusor. These data on a large group of patients support early aggressive surgical management for invasive bladder cancer. The results of this surgery only series may serve as a reference for other treatment modalities for bladder cancer.

Editorial Comment

This impressive series of cystectomy only in all stages of transitional carcinoma is certainly a reference for other treatment modalities – as the authors themselves proudly state.
Still some aspects may be worth considering. An overall tumor-specific survival rate of roughly 60% after 10 years means that 40% of patients have died of their tumor. These 40% certainly deserve more or other therapy than cystectomy only as their disease was not cured finally. Looking more closely into the N+ group with roughly 15% recurrence-free survival after already 5 years, or into the T3bN0 group with 42 % recurrence-free survival after 10 years may support this statement. Adjuvant systemic chemotherapy, still far from ideal, might be one of such therapies to consider in these high-risk patients, as recent metaanalyses suggest.

Dr. Andreas Bohle
Professor of Urology
HELIOS Agnes Karll Hospital
Bad Schwartau, Germany

Safety and Efficacy of Intravesical Bacillus Calmette-Guerin Instillations in Steroid Treated and Immunocompromised Patients

Yossepowitch O, Eggener SE, Bochner BH, Donat SM, Herr HW, Dalbagni G
Department of Urology, Memorial Sloan-Kettering Cancer Center, New York, New York, USA
J Urol. 2006; 176: 482-5

Purpose: We assessed the safety and efficacy of intravesical bacillus Calmette-Guerin instillations in steroid treated and immunocompromised patients.
Materials and methods: We retrospectively reviewed the charts of 697 patients treated with bacillus Calmette-Guerin instillations at our institution from 1991 to 2004. In 24 patients (3.5%) an underlying comorbidity directly affecting the immune system was diagnosed before bacillus Calmette-Guerin administration or steroids were administered at least 6 weeks before and at the time of bacillus Calmette-Guerin instillations. The immunosuppressive effect of steroids was assessed by the percent of lymphocytes. End points were the bacillus Calmette-Guerin response at 6 months, defined as normal cystoscopy, cytology and biopsy when available, and treatment related toxicity.
Results: Four patients (17%) had active lymphoma or chronic lymphocytic leukemia during bacillus Calmette-Guerin administration and 21 (88%) had a concurrent condition for which oral steroids (11), inhaled steroids

(14) or oral and inhaled steroids (4) were administered. Patients treated with oral steroids had a lower percent of lymphocytes than patients treated with inhaled steroids and 15 age matched patients with high risk superficial bladder cancer and no steroid treatment (12.3% vs 17.5% and 18.6%, respectively). The overall bacillus Calmette-Guerin response rate at 6 months was 58%. Ten of the 24 patients had disease recurrence and 3 had disease progression at a median followup of 63.5 months (IQR 19.5, 89). One patient treated with oral steroids had self-limited febrile disease and worsening of myalgia 48 hours after his third bacillus Calmette-Guerin cycle. No other systemic adverse event following bacillus Calmette-Guerin therapy was recorded and all patients completed scheduled treatments.
Conclusions: Intravesical bacillus Calmette-Guerin is a viable therapeutic option in patients with high risk superficial bladder cancer and concomitant lymphoma or chronic lymphocytic leukemia, treatment with low dose oral steroids or treatment with inhaled steroids. The bacillus Calmette-Guerin response rate at 6 months and the side effects profile associated with bacillus Calmette-Guerin therapy in these patients were comparable to those in patients with no evidence of immunosuppression. Further studies are warranted to assess the safety and efficacy of bacillus Calmette-Guerin instillations in critically immunocompromised patients.

Editorial Comment

Intravesical BCG is the most effective immunotherapy to date. An effective immune system is deemed necessary on one hand to transfer the local immune response against live mycobacteria into efficacy against urothelial cancer and on the other hand to restrict the more or less inevitable mycobacterial colonization of the bladder and even systemic bacteremia. So what happens if the immune system is compromized?

This paper gives an important answer to this question. According to their data, no complications occurred in immunocompromized patients and even more important, no major side effects were seen.

This experience is supported by own and others personal experience in such patients. Still, from own published experiments in mice a more effective immune ablation by steriods might results in complete ineffectiveness of BCG and the risk of systemic spread, so the good results reported here might just reflect relative low immunosuppressive dose of corticosteroids.

In conclusion after careful risk and benefit evaluation BCG might be given in individual immunocompromized cases.

Dr. Andreas Bohle
Professor of Urology
HELIOS Agnes Karll Hospital
Bad Schwartau, Germany

NEUROUROLOGY & FEMALE UROLOGY

The Effect of Terazosin on Functional Bladder Outlet Obstruction in Women: A Pilot Study

Kessler TM, Studer UE, Burkhard FC
Department of Urology, University of Bern, Bern, Switzerland
J Urol. 2006; 176: 1487-92

Purpose: We assessed the effect of terazosin (Hytrin®) on functional bladder outlet obstruction in women.
Materials and methods: Functional bladder outlet obstruction was defined as a maximum flow rate of less than 12 ml per second combined with a detrusor pressure at maximum flow rate of more than 20 cm H_2O in pressure