

International Braz J Urol

EDITOR'S COMMENT

The January - February 2005 issue of the *International Braz J Urol* incorporates interesting contributions and the Editor's Comment will highlight some important papers.

Doctor Krishnamurthy and co-workers, from the University of Colorado Health Sciences Center, Denver, Colorado, USA, studied on page 3 if stone radiodensity, as determined by either plain radiography or computed tomography attenuation values, may be an independent predictor of extracorporeal shock wave lithotripsy (SWL) success. The authors examined in 211 patients the outcome of SWL for solitary stones less than or equal to 2 cm located within the renal pelvis, based on their radiodensity. The radiodensity of the stone was determined to be either less than, equal to, or greater than the radiodensity of the ipsilateral 12th rib. The authors found that stone radiodensity alone does not predict SWL outcome for pelvic stones ≤ 1 cm, and concluded that this parameter is probably only useful as the stone size becomes larger than 1 cm, and should be used in conjunction with other stone parameters to select appropriate therapy. Dr. Glenn M. Preminger, from Duke University, Durham, NC, USA, provided an editorial comment on this paper

Doctor Antunes and colleagues, from Federal University of Sao Paulo, Brazil, assessed on page 34 the prognostic value of the percentage of positive fragments (PPF) in biopsies from patients with localized prostate cancer (PCa) undergoing radical prostatectomy. It were studied 440 patients with Gleason score ≤ 6 at biopsy divided by the total number of biopsy fragments times 100, into categories from 0 to 25%, 25.1% to 50%, 50.1 to 75% and 75% to 100%. In the univariate analysis, PPF significantly influenced disease-free survival ($p < 0.001$), and patients with PPF between 75 and 100% presented a risk of a biochemical recurrence of the disease 3 times higher than patients with PPF between 0 and 25% ($p < 0.001$). The authors concluded that the PPF measurement at biopsy is a simple and practical method that should be routinely used as a predictive factor for biochemical recurrence in patients with PCa who have Gleason scores from 2 to 6.

Doctor Araujo and co-workers, from Federal University of Pernambuco, Recife, Brazil, performed an experimental study to research technical alternatives for permanent gastrostomy that could minimize the disadvantages and complications of the current techniques (page 62). The authors conceived a new technique based on the Monti principle, which uses a segment of the small bowel for fashioning a continent vesicostomy. Similarly, applying a jejunal segment to the stomach was proposed, aiming to obtain a continent gastrostomy offering fewer drawbacks than the current techniques. After studying 22 half-breed dogs, the authors found that the featured technique showed competence concerning leakage, allowing its clinical applicability as an alternative for permanent gastrostomy.

EDITOR'S COMMENT - *continued*

Doctor Amaro and colleagues, from State University of Sao Paulo, Botucatu, Sao Paulo, Brazil, performed on page 29 an investigation to determine the prevalence of metabolic disorders, assess the quality of the water consumed and volume of diuresis as potential risk factors for urinary lithiasis in a specific region. A hundred and eighty two patients with previous history of lithiasis with spontaneous, endoscopic or surgical elimination of 2 or more stones, or at least 2 stones currently present in imaging tests were included. The protocol consisted in the collection of 2, 24-hour urine samples, for dosing Ca, P, uric acid, Na, K, Mg, Ox and Ci, glycemia and serum levels of Ca, P, Uric acid, Na, K, Cl, Mg, U and Cr, urinary pH and urinary acidification test. Metabolic change was diagnosed in 95.5% of patients. The authors concluded that these results warrant the metabolic study and follow-up in patients with recurrent lithiasis in order to decrease the recurrence rate through specific treatments, modification in alimentary and behavioral habits.

Doctor Timm and colleagues, from Human Reproduction Section, UNIFESP, São Paulo, Brazil, show on page 42 the results of searching spermatozoa and spermatids in the ejaculate of non-obstructive azoospermic patients. Twenty-seven patients ranging in age from 18 to 48 years, with initial diagnosis compatible with non-obstructive azoospermia, underwent up to 3 seminal samples, with assessment of macroscopic and microscopic parameters differentiated for each sample. The authors found that 4/27 (14.8%) patients presented spermatozoa in the first seminal sample and 6/23 (26.1%), in the second seminal sample. No spermatozoa were seen in the third sample, however, 11/17 (64.7%) presented spermatids.

Dr. Francisco J.B. Sampaio
Editor-in-Chief