

# International Braz J Urol

## *EDITOR'S COMMENT*

The May – June 2006 issue of the International Braz J Urol presents interesting contributions from different countries, and as usual, the Editor's Comment highlights some important papers.

Doctor Daneshgari, from the Cleveland Clinic Foundation, Cleveland, Ohio, USA, recognized expert in the field, presents on page 262 a thorough review on current applications of neuromodulation of the lower urinary tract in female urology. Currently neuromodulation consist of the use of sacral nerve stimulation (SNS) and injectable therapies. In this review, the author discuss the background and development of SNS, its current indications, methods of patient selection and review the results of the recent published literature on SNS. The author also discusses some of the newer developments in SNS such as Bion device and the future direction in integration of SNS in female urology.

Doctor Camargo and colleagues, from University of California San Francisco, California, USA, discuss on page 273 the effect of kidney morcellation on operative time, incision complications, and postoperative analgesia after laparoscopic nephrectomy. After comparing the outcomes between kidney morcellation and 2 types of open specimen extraction incisions in 153 consecutive patients who underwent laparoscopic nephrectomy. A hundred and seven patients underwent specimen morcellation and 46 underwent intact specimen removal. Operative time, postoperative analgesia requirements, and incisional complications were evaluated. The authors concluded that morcellation does not extend operative time, and is associated with significantly less postoperative pain compared to intact specimen retrieval overall, although this is not statistically significant if a remote, muscle-splitting incision is made. Also, the authors found that morcellation markedly reduces the risk of incisional-related complications.

Doctor Kupeli and co-workers, from Gazi University School of Medicine, Ankara, Turkey, analyzed on page 287 the impact of pelvicaliceal anatomical variation between the stone-bearing and normal contralateral kidney on stone formation in adult patients with lower caliceal stones. The authors concluded that pelvicaliceal volume but not lower caliceal properties seem to be a risk factor for stone formation in lower calyx. Dr. Yair Lotan, from University of Texas Southwestern Medical Center, Dallas, Texas, USA, Dr. Edmund Chiong, National University Hospital, Singapore, and Dr. Monish Aron, All India Institute of Medical Sciences, New Delhi, India, provided excellent editorial comments on this paper.


Doctor Castillo and colleagues, in a study involving 3 South American centers, presented their experience on complications in laparoscopic radical cystectomy after 59 cases (page 300). The

## **EDITOR'S COMMENT** - *continued*

authors experienced 18 (30%) postoperative complications (not counting mortalities), including 3 urinary tract infections, 1 pneumonia, 1 wound infection, 5 ileus, 2 persistent chylous drainage, 3 urinary fistulas, and 3 (5%) postoperative complications that required surgical intervention (2 hernias – one in the port site and one in the extraction incision, and 1 bowel obstruction). Two mortalities (3.3%) occurred in this series, one early mortality due to uncontrolled upper gastrointestinal bleeding and one late mortality following massive pulmonary embolism.

Doctor Tobias-Machado and associates, from ABC Medical School, Sao Paulo, Brazil, describe on page 316 a new minimally invasive approach for the radical resection of inguinal lymph nodes, called video endoscopic inguinal lymphadenectomy (VEIL). After 7 operated cases, the authors found that the VEIL technique is feasible and allows the radical removal of inguinal lymph nodes in the same limits of conventional surgery dissection. The main anatomic repairs of open surgery can be identified by the endoscopic view, confirming the complete removal of the lymphatic tissue within the pre-established limits. Preliminary results presented suggest that this technique can potentially reduce surgical morbidity.

Doctor Carvalho and collaborators, from the Kidney Stone Program, Division of Biological Sciences and the Pritzker School of Medicine, University of Chicago, Illinois, USA, world recognized experts in the field, present on page 342 an experimental study on defective urinary crystallization inhibition and urinary stone formation. The study included healthy Beagles, known to be non-stone forming dogs, and Mini-Schnauzers, known to be calcium oxalate stone formers. Nephrocalcin (NC), which is a glycoprotein produced in the kidney and that inhibits calcium oxalate crystal formation, was analyzed. The studied demonstrated that NC of these 2 species of dogs differently affects calcium oxalate crystallization and might have a role in determining ulterior urinary stone formation.

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