

International Braz J Urol

EDITOR'S COMMENT

The July – August 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.

Doctors Shefi and Turek, from University of California San Francisco, CA, USA, well-known experts in infertility, present on page 385 a thorough review on definition and current evaluation of subfertile men. Using principles of evidence-based medicine, this review outlines diagnostic and treatments options to inform clinical management. For the diagnosis, it is discussed the history, physical examination, semen analysis, hormonal evaluation, genetic evaluation. The value of other testing, such as anti-sperm antibodies, sperm chromatin structure analysis, post-ejaculate urinalysis, semen leukocyte evaluation, ultrasonography and vasography, was also discussed. The authors presented the treatment of male infertility dividing into: 1) correctable conditions - coital timing and frequency, abnormalities of ejaculation, medications, immunologic infertility, genital tract infection, hormonal dysfunction, varicocele and reproductive tract obstruction, and 2) uncorrectable conditions - chemotherapy and radiotherapy, congenital or acquired obstruction and genetic male infertility. This is a very timely review, which is of interest to all involved in male infertility.

Doctor Mazzucchi and colleagues, from the University of São Paulo Medical School, Brazil, after analyzing the charts of 1046 renal transplants, found that 31 cases of urinary fistulae were diagnosed (page 398). Twenty nine leaks were due to ureteral necrosis and 2 due to reimplantation fault. The authors concluded that anastomosis of the graft ureter with the ureter of the recipient is a good method for treating urinary fistulae after renal transplantation when local and systemic conditions are good. Ureteral ligature associated to nephrostomy should be applied in cases of unfavorable local conditions or clinically unstable patients. A team of urologists and nephrologists from the University of Florence, Italy, provided a comprehensive editorial comment on this manuscript.

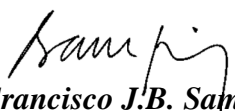
Doctors Alagiri and Polepalle, from University of California San Diego Medical Center, California, USA, aimed on page 451 to characterize and determine whether patients with recurrent abdominal symptoms and associated ureteropelvic junction obstruction (UPJO) (Dietl's crisis) are effectively treated by pyeloplasty and to determine criteria for evaluating UPJO in childhood abdominal pain. The authors identified 8 patients (7 male and 1 female) with Dietl's crisis. All patients were initially misdiagnosed and spent at least a year with significant pain symptoms before being properly diagnosed. One nephrectomy and 7 pyeloplasties were performed and resolution of all patients' abdominal symptoms, including pain, was achieved. The authors concluded that children

EDITOR'S COMMENT - *continued*

with Dietl's crisis often suffer a delay in diagnosis, being this clinical entity under-diagnosed. Renal parenchyma is typically preserved, and there is a paucity of associated urologic complaints. Once properly diagnosed, patients are well served by a pyeloplasty. Children with periumbilical pain and vomiting, particularly males, would benefit from ultrasound imaging.

Doctors Al-Ghazo and Banihani, from Jordan University of Science & Technology, Irbid, Jordan, determined on page 454 the indications for circumcision revision and identified the specialty of the person who performed unsatisfactory primary circumcision. After reviewing the medical records of 52 cases that underwent circumcision revision over a 6-year period, they found that sleeve surgical technique was used for revision in patients with redundant foreskin or concealed penis, penoplasty for partial or complete degloving of the penis and meatotomy for external meatal stenosis. Most of unsatisfactory primary circumcisions (86.7%) were performed by nonprofessionals. All patients who underwent circumcision revision had good to excellent cosmetic results. The authors concluded that primary circumcision performed by nonprofessionals carry a high complication rate and serious complications may occur. A period of training and direct supervision by physicians is required before allowing laymen to perform circumcision independently.

Doctor Capelini and co-workers, from State University of Campinas, São Paulo, Brazil, conducted on page 462 a prospective study to evaluate objectively the benefits of pelvic floor strengthening exercises associated to biofeedback for the treatment of stress urinary incontinence (SUI). Fourteen patients diagnosed with SUI were selected for this study. All patients underwent a pelvic floor training associated to biofeedback for 12 consecutive weeks. There was a significant reduction in the pad weight, number of urinary leakage episodes and daytime frequency. At urodynamics, the authors observed a significant increase in Valsalva leak-point pressure, cystometric capacity and bladder volume at first desire to void. The authors concluded that treatment of SUI with pelvic floor exercises associated to biofeedback caused significant changes in the parameters analyzed, with maintenance of good results 3 months after treatment.


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