

whilst having a risk ratio in excess of 7 in comparison to the rate following local anaesthesia is not calculated. It would also have been of use to include the actual re-admission rates for each procedure classification. In our own multi-centre study (2), ureteroscopy yielded a re-admission rate of over 13% which may be loosely compared to the 18% complication rate following ureteroscopy in this series despite an unknown rate of re-admission.

There is no doubt that there is a huge drive, both from a patient acceptability view and from a health economic stand, for day case surgery to

continually evolve. As it does so, there is a vital need for perpetual audit and analysis of results to ensure that patient interests are not overlooked or indeed sacrificed in the name of such progress.

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Re: The Role of Squamous Differentiation in Patients with Transitional Cell Carcinoma of the Bladder Treated with Radical Cystectomy

Alberto A. Antunes, Luciano J. Nesrallah, Marcos F. Dall'Oglio, Carlos E. Maluf, Cesar Camara, Katia R. Leite, Miguel Srougi

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Int Braz J Urol, 33: 339-346, 2007

To the Editor:

Antunes et al., provide an interesting insight into the adverse prognostic role of squamous differentiation of transitional cell carcinoma (TCC) of the bladder. In their retrospective study, both disease recurrence and mortality were statistically higher in

those patients with squamous differentiation, with the adverse prognosis being confirmed on a multivariate analysis. Some deficiencies were noted in the study, most importantly the small number of patients, and the lack of information about the presence and extent

of lymph node metastases, which may have affected results. Certainly these results have not been demonstrated by other investigators that have found no statistically significant difference between squamous differentiation and pure TCC, although many have shown mortality reductions with other subtypes such as adenocarcinoma, carcinosarcoma and small cell carcinoma of the bladder (1-3). Nonetheless, it remains crucial that further, preferably randomized or well conducted retrospective studies are performed, to confirm which TCC subtypes truly portend a poorer prognosis. This data could then be used to assist in the integration of chemotherapy or radiotherapy, together with surgery in the management of these aggressive cancers in order to improve clinical outcomes.

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To the Editor:

Squamous differentiation is well known to occur in the bladder urothelial carcinoma and represents the most common form of mixed differentiation (1-5). When defined by the presence of intercel-

lular bridges and/or keratinization in urothelial carcinoma, it occurs in 21% of urothelial carcinomas of the bladder, and in 44% of tumors of the renal pelvis (2-3). Its frequency increases with grade and stage