

International Braz J Urol

EDITOR'S COMMENT

The November - December 2006 issue of the International Braz J Urol presents interesting contributions from different countries, and as usual, the Editor's Comment highlights some papers.

Doctor Romero and co-workers, from The Johns Hopkins University School of Medicine, Baltimore, Maryland, USA, presented on page 631 their experience with laparoscopic-assisted nephroureterectomy for upper tract transitional cell carcinomas after radical cystectomy and urinary diversion. After studying seven patients the authors found that the mean operative time was 305 minutes with significant difficulty for excision of the ureter from the urinary diversion. The procedure can be performed safely in properly selected cases but does not yield the usual benefits seen with other laparoscopic renal procedures. Doctors Colombo and Gill, from Cleveland Clinic, Ohio, USA, provided editorial comment on this paper.

Doctors Pertia and Managadze from the National Center of Urology, Tbilisi, Georgia, analyzed on page 640 the institutional experience with simple enucleation for the treatment of small renal tumors for elective indications. They studied 30 patients with a median follow-up of 71 months. The pathological analysis showed that 70% (21 of 30) of tumors were pT1a, 26.7% (8 of 30) pT1b and 3.3 % (1 of 30) pT3a. The median tumor size was 3.7 cm (3.0 - 5.5 cm). The authors concluded that simple tumor enucleation is a safe and acceptable approach. It provides excellent long-term progression-free and cancer specific survival rates, and is not associated with an increased risk of local recurrence compared to partial nephrectomy. Doctor Soloway, from the University of Miami, Florida, USA and Doctors Joniau and Van Poppel, from University Hospital Leuven, Belgium, provided interesting editorial comments on this paper.

Doctor Ghalayini and colleagues, from Jordan University of Science & Technology, Irbid, Jordan, compared on page 656 the efficacy of extracorporeal shock wave lithotripsy (ESWL) and ureteroscopy (URS) for the treatment of distal ureteral calculi with respect to patient satisfaction. In a prospective study they analyzed 212 patients with solitary, radiopaque distal ureteral calculi treated with ESWL (n = 92) or URS (n = 120). Patient and stone characteristics, treatment parameters, clinical outcomes, and patient satisfaction were assessed for each group. It was found that URS is more effective than ESWL for the treatment of distal ureteral calculi. ESWL was more often performed on an outpatient basis, and showed a trend towards less flank pain and dysuria, fewer complications and quicker convalescence. Patient satisfaction was significantly higher for URS according to the questionnaire used in this study. Doctor Ather, from Aga Khan University, Karachi, Pakistan, Doctor Ceylan, from Yuzuncu Yil University, Van, Turkey and Doctor Anderson, from University of Minnesota, Edina, Minnesota, USA, provided excellent editorial comments on this paper.

Doctors Lazzeri & Spinelli, from Casa di Cura Santa Chiara Firenze, Italy, reviewed on page 620 the alternative to antimuscarinic agents for the management of overactive bladder (OAB). They reviewed the pathophysiology of micturition reflex, the current therapies for OAB and the rationale for alternative treatments. They also critically address the potential use of medications targeting the central nervous system and the primary sensory nerves of the bladder wall, the use of agonists of nociceptin/orphanin protein receptor and reported the results obtained by intradetrusor injection of botulinum toxin.

EDITOR'S COMMENT - *continued*

Doctor Ligure and colleagues, from Federal University of Sao Paulo, Brazil, evaluated on page 689 the role of elective appendicovesicostomy in association with Monfort abdominoplasty to avoid urinary tract infection (UTI) and renal damage in the postoperative follow-up of patients with prune belly syndrome. They followed 4 patients operated in one institution (Monfort, orchidopexy and Mitrofanoff) and compared them to 2 patients treated similarly, but without an appendicovesicostomy, in a second institution. The data suggest that no morbidity was added by the appendicovesicostomy to immediate postoperative surgical recovery and that this procedure may have a beneficial effect in reducing postoperative UTI events and their consequences by reducing the postvoid residuals in the early abdominoplasty follow-up. Doctor Denes, from University of Sao Paulo, Brazil and Doctor Monti, from Triangulo Mineiro Federal University, Minas Gerais, Brazil, provided editorial comments.

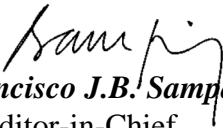
Doctor Martins from Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA, presented and illustrated by the first time on page 713 an interesting surgical technique of mouse kidney transplantation using an anti-reflux system (modified extravesical ureteroneocystostomy). The author demonstrated that although technically demanding, this procedure is feasible and may reduce the incidence of urine leakage. Doctor Flechner, from Cleveland Clinic Foundation, Ohio, USA and Doctor Schumacher from Karolinska University Hospital, Stockholm, Sweden, provided editorial comments on this article.

As everybody noted, during 2006 the International Braz J Urol continued to grow in circulation, acceptance and adherence to scientific standards.

This growth is thanks to our Board of Consulting Editors, which is composed by prominent individuals in their areas, including urologists and scientists from more than 25 countries, all of them with significant scientific production and compromised with our Journal. During 2006, we received articles from 23 different countries for evaluation, which confirms the already known international characteristic of our Journal. Also, during the year of 2006 we have the contribution of 374 ad-hoc reviewers, from 43 countries, reviewing articles and making editorial comments. Many of these reviewers evaluated two or more articles during this year, and we deeply acknowledge these overcommitted colleagues for accepting to collaborate and participate in that venture.

Since January 2006, the International Braz J Urol, in addition to be the official Journal of the Brazilian Society of Urology – SBU, is the official Journal of the Confederación Americana de Urologia - CAU, a society which represents a total of 21 Latin American and Iberian countries through their official societies. The Journal is mailed regularly to all urologists from Brazil and to urologists that are members of the official Urological societies from all countries of South and Central America. Also, urologists from Portugal, Spain, other European Countries, and USA receive the International Braz J Urol.

In addition to the printed version, which has a circulation of 6,000 copies per issue and reaches more than 60 countries, the electronic version of our Journal has been receiving around 30,000 visits on-line every month, from more than 110 different countries, and these figures make the International Braz J Urol one of the most read urological journals. As everybody knows, in addition to a high-qualified Editorial Board, the success of a scientific Journal is measured by the number of readers, papers submitted and citations. I do hope that all of you will continue to collaborate with our Journal to expand its importance and position in the urologic literature.


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