

International Braz J Urol

EDITOR'S COMMENT

The May – June 2011 issue of the International Braz J Urol presents original contributions. The editor's comment highlights some of those papers.

Doctor Romero and colleagues, from Hospital de Clínicas da Universidade do Paraná, Curitiba, Brazil, presented a study to evaluate the preferred position used by Brazilian Urologists to perform digital rectal examination. Two hundred patients answered a questionnaire while undergoing prostate cancer screening. The preferred position was modified lithotomy position reported by 63.4% of Urologists, and left lateral position reported by 42.7% of the patients. Total DRE time was lower in the standing-up position. Pain and urinary urgency scores were similar regardless of the position used, and bowel urgency score was higher in patients positioned kneeling while resting on the table with the hands. Patients were similar in terms of age and PSA level, but there was a significant difference between the standard deviations of estimated prostate weight in left lateral position. There was no difference in prostate asymmetry rate, positive DRE rate or incomplete palpation of the prostate rate among the different positions.

Dr. Joe Philip, Dr. Avraham Shtricker and Dr. Onur Kaygisiz provided editorials on this paper.

Doctor Bruschini and colleagues, from Federal University of Sao Paulo, Brazil, described the causes of incontinence in a group of men following surgery of BPH and analyzed the influence of age on the prevalence of bladder dysfunction. A total of 125 patients with urinary incontinence following surgical treatment for BPH were evaluated. A third group of 21 patients with incontinence following radical prostatectomy was used for comparison. Sphincter insufficiency was the most common etiology of urinary incontinence in the three groups of patients. However, bladder dysfunction was observed in 59.3%, 56.8% and 57.1% of patients who underwent transurethral resection, open prostatectomy and radical prostatectomy, respectively. A logistic regression model for the presence of bladder dysfunction showed that age was a statistically significant predictor. The chances of presenting bladder dysfunction rises 5.3% for each year added to patient age and patients older than 70 years have twice the chance of presenting it.

Dr. Philippe Grise, from Rouen University Hospital-Charles Nicolle, provided an editorial on this paper.

Doctor Nascimento and colleagues, from ABC Medical School, Santo Andre, SP, Brazil, compared the efficacy of three different formulations containing betamethasone valerate versus placebo in the topical treatment of phimosis. Two hundred and twenty boys aged three to ten with clinical diagnosis of phimosis were enrolled. Parents were instructed to apply the formula twice a day for 60 days and follow-up evaluations were scheduled for 30, 60 and 240 days after the first consultation. The results showed that the Betamethasone valerate 0.1%, 0.2% and 0.2% associated with hyaluronidase had equally higher results than placebo in the treatment of phimosis in boys from three to ten years-old. Patients initially with partial or no response can reach complete response after 60 days of treatment.

EDITOR'S COMMENT - *continued*

Doctor Drivalos and colleagues, from University of Athens, Greece, provided an interesting review on the role of integrins and cadherins in prostate carcinogenesis and evaluated the therapeutic potential of their manipulation.

Doctor Ossandon and colleagues, from Hospital Clínico Universidad de Chile, Chile, analyzed the predictive value of the Lithotripsy Table Height (LTH) in SWL outcome. Patient weight, height and age; stone location and size; number of shock waves delivered and LTH used were recorded. LTH was the only independent predictor of outcome. High success rates can be expected if $LTH > 218$. Patients with lower LTH presented a less effective shockwave conduction, therefore worse stone fragmentation and clearance. These findings may help improve patient selection for SWL therapy.

Dr. Mezentsev, from United Kingdom, provided an editorial on this paper.

Dra. Miriam Dambros
Editor in Chief