

# International Braz J Urol

## **EDITOR'S COMMENT**

doi: 10.1590/S1677-55382010000500001

### **Current Contents / Clinical Medicine**

With the September-October 2010 issue, it is our great pleasure to announce that the Int Braz J Urol has been covered by Thomson Reuters (ISI) Current Contents / Clinical Medicine since January 2008. The journal has been included in the Science Citation Index Expanded, accessible through the Web of Science. Our official Impact Factor will appear in the 2010 Journal Citation Report (JCR), which will be released in mid-2011. Our current unofficial Impact Factor is 1.2, calculated in the same way that ISI generates its Impact Factors. We are confident that it will be higher in the 2010 JCR.

As you know, the Int Braz J Urol is an open access Urological Journal ([www.brazjurol.com.br](http://www.brazjurol.com.br)) that publishes peer-reviewed articles on all aspects of Urology, from prevention, diagnosis and management to molecular biology, pathophysiology, and epidemiology.

Thanks to its high quality peer-reviewed articles and its open access, the published articles are accessed more than 30,000 times each month from our website and additional many times from PubMed Central.

We are most grateful for your continuous support to the Int Braz J Urol and look forward to receiving contributions from you and your team.

The September-October 2010 issue of the International Braz J Urol presents original contributions and editorials from many different countries, such as USA, Germany, France, Brazil, Italy, Thailand, England, India, Portugal, Iran, Israel, Japan, South Africa, Switzerland, Egypt, etc., and as usual, the editor's comment highlights some papers.

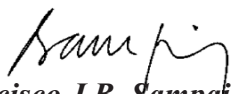
Doctor Sexton and colleagues from H. Lee Moffitt Cancer Center, Florida, USA, determined on page 571 if there are any differences in the zonal distribution and tumor volumes of familial and sporadic prostate cancers (PC) in men undergoing radical prostatectomy. After contacting 382 patients that filled the selection criteria, 76 (20%) reported having a first-degree relative with PC. The statistical analysis revealed no significant differences in the pathologic variables between the two groups of patients with or without a family history of PC. It was concluded that familial and sporadic PC share similar characteristics. No histopathological differences account for the increased positive predictive value of PC screening tests among patients with a family history of PC.

Dr. Leite and co-workers, from University of Sao Paulo Medical School, Sao Paulo, Brazil, reviewed on page 583 the characteristics of radical prostatectomies (RPs) when immunohistochemistry (IHC) was necessary for definitive diagnosis. Out of 4127 biopsies examined, 144 (3.5%) were

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

diagnosed with ASAP. IHC was performed using antibody anti-34 $\beta$ E12 and p63. The results of surgical specimens of 27 patients treated by RP after the diagnosis of prostate cancer (PC) was made using IHC (Group 1) were compared with 1040 patients where IHC was not necessary (Group 2). It was concluded that the use of IHC did not lead to diagnosis of insignificant tumors as illustrated by absence of differences in pathological stage or positive surgical margins in men submitted to RP. Therefore, the results suggested that this modality should be routinely used for a borderline biopsy and ASAP cases.

Dr. Kajbafzadeh and colleagues from Tehran University of Medical Sciences, Iran, investigated on page 614 the efficacy of transcutaneous functional electrical stimulation (FES) on voiding symptoms in children with myelomeningocele (MMC) suffering from neuropathic urinary incontinence. The authors studied 12 children with moderate to severe urinary incontinence secondary to MMC were included. They underwent an urodynamic study (UDS) before and 3 months after FES with special attention to detrusor leak point pressure and maximal bladder capacity (MBC). Fifteen courses of FES for 15 minutes 3 times per week were performed with low frequency (40 Hz) electrical current, duration of 250 $\mu$ s, with hold and rest time of 2 seconds. It was found that 9 children had improvement on urinary incontinence score, while 3 children had no improvement. The authors concluded that this pilot study showed that FES therapy might have positive effects on improvement of voiding symptoms of MMC children with neurogenic urinary incontinence in terms of daily incontinence score and UDS parameters.

  
**Francisco J.B. Sampaio, M.D.**  
Editor-in-Chief