

International **Braz J Urol**

EDITOR'S COMMENT

The January - February 2003 issue of the International Braz J Urol presents important contributions from different countries, and the Editor will highlight some important papers.

Doctors Kausik and Segura, from Mayo Medical School, Rochester, Minnesota, USA, presented on page 3 a comprehensive discussion on the surgical management of ureteropelvic junction obstruction in adults, from open surgical repair to minimally invasive surgery. The authors discussed the surgical approaches for correcting UPJ obstruction considering 3 categories: 1) Open surgical procedures, including Dismembered pyeloplasty, Culp-DeWeerd spiral flap, Foley Y-V plasty, Scardino-Prince vertical flap, and Ureterocalycostomy; 2) Endoscopic (antegrade or retrograde) procedures; and 3) Laparoscopic procedures. The authors concluded that although the gold standard is still the open dismembered pyeloplasty, with success rates of 90-95%, the trend toward decreasing morbidity and hospitalization, endoscopic management, and laparoscopy have come to the forefront.

Doctor Santos and co-workers, from Catholic University of Paraná, Brazil, presented on page 11 their initial experience with hand-assisted laparoscopic nephrectomy in living renal donors for transplantation. The left kidney was withdrawn in 2/3 of the cases. The operative time ranged from 55 to 210 minutes (mean 132.7 min), and the time of hot ischemia ranged from 2 to 11 minutes (mean 4.7 min). The mean blood loss was very acceptable 133 mL, and conversion to open surgery was necessary in only one case (3.7%) due to vascular lesion. Immediate diuresis was observed in 96.3% of the cases and the mean serum creatinine in PO day 7 was 1.5 ± 1.1 mg/dL. Renal vein thrombosis occurred in 1 (3.7%) patient requiring graft removal.

Doctor Alapont and colleagues, from La Fe University Hospital, Valencia, Spain, reported 3 cases of ureteral avulsion as a complication of ureteroscopy after a series of 4,645 procedures (page 18). Doctor Stevan Strem, from Cleveland Clinic, Ohio, USA, provided an editorial comment to this article, and pointed out that ureteral avulsion is almost always related to the use of an ureteroscope too large to be readily accommodated by the ureter or, in most cases, by an attempt to pull an inadequately fragmented or impacted stone down from the proximal or mid ureter.

Doctor Slongo and co-workers, from Federal University of Paraná, Brazil, analyzed on page 24 the efficiency of 6- and 12-punctures biopsies to detect prostate cancer in patients with PSA \leq 10 ng/mL and normal digital rectal examination. The authors concluded that for patients with low risk for prostate cancer, a 12-punctures biopsy was more effective, since sextant biopsy failed to diagnose half of the cases of neoplasm. Also, they reported that 3 lateral punctures (basal, mid, and

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apical), with 2 additional punctures in the parasagittal midline (mid and apical), bilaterally are suggested as the best biopsy strategy.

Doctors Mingin and Baskin, from the Children's Hospital, University of California, San Francisco, California, USA, discussed on page 53 the surgical management of the neurogenic bladder and bowel. The treatment goal for patients with a neurogenic bladder is the preservation of the upper urinary tract, mainly by using intermittent catheterization and anticholinergic medication. Nevertheless, a minority of children will not respond to conservative therapy and will ultimately require surgical intervention. The authors discussed the surgical options for bladder augmentation, bladder neck reconstruction and closure, as well as the methods for the creation of continent catheterizable stomas. Also, the antegrade continence enema procedure for the management of refractory fecal incontinence is described.

Finally, it is again my pleasure to announce that the International Braz J Urol continues to grow in acceptance and circulation. In addition to the 6,000 copies of the printed version of our Journal, which reach more than 60 countries, the visits to the electronic version expanded from 5,000 to more than 6,500 visits on-line every month. These figures include the International Braz J Urol among the most read urological journals.

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