

International Braz J Urol

EDITOR'S COMMENT

The September – October 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 Manoharan and colleagues, from University of Miami School of Medicine, Miami, Florida, USA, examined on page 529 the patients undergoing radical cystectomy with orthotopic neobladder to determine whether adjuvant chemotherapy in this group is safe. Over a 12 year period, 136 patients underwent radical cystectomy and orthotopic neobladder construction for bladder cancer. Of these, 83 patients were at high risk for recurrence. Nineteen patients received adjuvant chemotherapy and 64 did not. The complication rate in the adjuvant chemotherapy group was 53% and it was 23% in those who did not receive chemotherapy. There were no peri operative or treatment related death. The authors concluded that adjuvant chemotherapy is a safe treatment for patients undergoing radical cystectomy and orthotopic neobladder substitution. Hence, the option of orthotopic neobladder should not be denied in selected bladder cancer patients with high risk for recurrent disease.

Doctor Cheng and co-workers, from The Chinese University of Hong Kong and Prince of Wales Hospital, Hong Kong, China, studied on page 536 the long-term outcome of radical cystectomy for transitional cell carcinoma and evaluated prognostic factors for disease specific survival. The study included 133 cystectomies with a median follow up of 20 months. After univariate analysis, pT stage, N stage, lymph node density, carcinoma in-situ, surgical margin and post-operative radiotherapy to distant metastasis were predictive of disease specific survival. On the other hand, with multivariate analysis, only pT stage, lymph node density and post-operative radiotherapy to distant metastasis were predictive of disease specific survival. Patients with lymph node density 20% or below showed better disease specific survival. The authors concluded that pT stage and lymph node density were the most important predictive factors for disease specific survival after cystectomy in the Chinese population. Dr. Hammad M. Ather, from Aga Khan University Hospital, Karachi, Pakistan, Dr. John Peter Stein, from University of Southern California, Los Angeles, USA and Dr. Stephen D. Beck, from Indiana University School of Medicine, Indianapolis, Indiana, USA, provided interesting editorial comments on this paper.

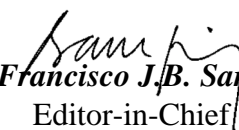
Doctor Hadziselimovic, from the Kindertagesklinik Liestal, Liestal, Switzerland, assessed on page 570 the incidence of Ad spermatogonia (stem cells for fertility) in 20 cryptorchid patients, all of whom had a successful orchidopexy in childhood but developed azoospermia following puberty. The patients were classified into 2 groups according to the time of surgery: A = less than 21 months of age (n = 5, mean = 10.7 ± 8.6 months) and B = during childhood (n = 15, mean = $10.1 \pm$

EDITOR'S COMMENT - *continued*

3 years). The author found that in group A, all patients had germ cells at the time of surgery (mean = 1.04 ± 1.4 germ cells per tubular cross section); only 6 patients in group B (40%) had no germ cells (mean = 0.17 ± 0.4); A vs. B, $p = 0.0133$. Importantly, Ad spermatogonia were absent in the entire study population. The plasma FSH of 16 patients (80%) was abnormal while the plasma testosterone of all the patients was normal. The author concluded that the most severe cause of infertility in cryptorchid patients cannot be mitigated by an early successful surgery alone.

Doctor Quintela and co-workers from Belo Horizonte, Minas Gerais, Brazil, reported on page 521 their experience with 43 retroperitoneal laparoscopic nephrectomy for benign kidney disease. Retroperitoneoscopy was performed with 4 trocar port technique in a lateral position. The approach to vascular pedicle was done posteriorly and vessels were clipped by metal and Hem-o-lock. The sample was intact extracted in an Endo-Bag prolonging one trocar incision. The median operative time was 160 minutes and median blood loss was 200 mL. Four cases (9%) were converted to open surgery. The authors concluded that retroperitoneoscopy offers a safe, effective and reproductive access to nephrectomy for benign pathologies. Dr. Jonas Wadström, from Uppsala University Hospital, Sweden, Dr. K. Mita, from Hiroshima University, Japan, Dr. A. Terai, from Kurashiki Central Hospital, Japan and Dr. David A. Goldfarb, from Cleveland Clinic Foundation, USA, provided interesting editorial comments on this paper.

Doctor Petrou and colleagues, from the Mayo Clinic Jacksonville, Florida, USA, evaluated on page 578 the patient preference for injectable therapy over surgery in the treatment of female urinary incontinence. After evaluating 58 female patients the authors found that the mean lowest acceptable success rate for all 58 surveyed patients was 34%, with 23 (40%) accepting a success rate of only 10%. The data suggested that older patients might tend to accept lower success rates than younger patients (mean of 39% for patients aged less than 60 years compared to 22% for those aged 80 years or older). It was concluded that patients appear willing to accept a relatively low success rate for injectable therapy compared to open surgery.


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