Editorial Comment

This is an important study on the ability of five common urological pathogens (Escherichia coli, Enterococcus faecalis, Klebsiella pneumoniae, Staphylococcus aureus and Pseudomonas aeruginosa) to adhere and form biofilms on commercially available ureteral stents. Also, it was evaluated the impact of heparin coating on stent compression, tensile and coil strength.

This research opens new avenue to a very common and up-to-date problem that is bacterial encrustation and adhesion to stents. It could help modifications in stent design and also in developing drugs to inhibit bacterial adhesion and biofilm formation. I recommend this article as a reference for study design and methodology to all researchers interest in the issue of stent incrustation by bacteria.

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Cryptorchidism with short spermatic vessels: staged orchiopexy preserving spermatic vessels

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Purpose: Patients with cryptorchidism can have such short spermatic vessels that it is impossible to place the testicle in a satisfactory scrotal position using conventional orchiopexy. In these cases the most commonly used operation is 1 to 2-stage Fowler-Stephens orchiopexy. We present our surgical experience using staged inguinal orchiopexy without section of the spermatic vessels in patients with short spermatic vessels.
Materials and Methods: We used 2-stage inguinal orchiopexy in 38 children with intra-abdominal testis or testis peeping through the internal ring and short spermatic vessels (7 bilateral). Spermatic vessels were not sectioned, but were lengthened through progressive traction of the spermatic cord wrapped in polytetrafluoroethylene pericardial membrane (Preclude). In the first stage we mobilized the spermatic cord in the retroperitoneal space and then wrapped it in the polytetrafluoroethylene membrane. We subsequently attached the testis to the invaginated scrotal bottom. At 9 to 12 months we performed the second stage, which involved removing the polytetrafluoroethylene membrane.
Results: From the first to the second stage we observed progressive descent of the testicle toward the scrotum. At 1 to 8-year followup after the second stage all 45 testicles were palpable in a satisfactory scrotal position with stable or increased testicular volume.
Conclusions: This technique represents an alternative to Fowler-Stephens orchiopexy, which can be associated with a greater risk of testicular ischemia.

Editorial Comment

The authors present their experience with cryptorchidism with short spermatic vessels, where they applied a staged inguinal orchiopexy without sectioning the spermatic vessels. The spermatic vessels were involved in an anti-adhesion polytetrafluoroethylene pericardial membrane and were progressively lengthened through traction. Of note, at long-term follow-up all children demonstrated a gonad with a positive echo color Doppler signal of spermatic vessels and stable or increased testicular volume.

It was claimed by Snyder III (1,2) that the spermatic vessels and vas are not short but embedded in the endopelvic fascia, in children with cryptorchidism. This paper would be in line with this belief. Also, extended

mobilization could move the testis to the scrotum in almost all cases (2). The present surgical technique would be a better alternative to the Fowler-Stephens procedure, which can cause unacceptable rates of testicular atrophy and therefore is out of use in most pediatric urology departments.

References

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RECONSTRUCTIVE UROLOGY

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Clinical outcome and quality of life assessment in patients treated with perineal urethrostomy for anterior urethral stricture disease

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Purpose: We performed a quality of life assessment for patients treated with perineal urethrostomy for anterior urethral stricture disease.
Materials and Methods: We retrospectively reviewed 173 patients (median age 55 years) who underwent perineal urethrostomy (from 1978 to 2007) as part of a plan for a staged urethroplasty repair for a complex anterior urethral stricture. The perineostomy was made using flap urethroplasty. The clinical outcome was considered a failure when postoperative instrumentation was needed. A questionnaire was used to evaluate patient quality of life and satisfaction.
Results: Stricture etiology was unknown in 50.3% of the cases, lichen sclerosus in 17.3%, catheter in 13.3%, instrumentation in 8.7%, failed hypospadias repair in 4.6%, trauma in 4.1% and infection in 1.7%. Stricture length was 1 to less than 2 cm in 1.2% of cases, 2 to less than 3 cm in 3.5%, 3 to less than 4 cm in 12.1%, 4 to less than 5 cm in 13.8%, 5 to less than 6 cm in 7.5%, greater than 6 cm in 4.1% and panurethral in 57.8%. Of 173 patients 91 (52.6%) underwent prior urethroplasty. Median follow-up length was 62 months (range 12 to 361). Of 173 cases 121 (70%) were successful and 52 (30%) were failures, requiring revision of the perineostomy. Of 173 patients 135 (78%) were satisfied with the results obtained with surgery, 33 (19.1%) were very satisfied, 127 (73.4%) with a median age of 57 years (range 23 to 85) refused to do the second stage of urethroplasty and 46 (26.6%) with a median age of 47.5 years (range 27 to 72) are currently on a waiting list for the second stage of urethroplasty.
Conclusions: Perineostomy is a necessary procedure for patients with complex urethral pathology and satisfaction rates are high.