

EDITOR'S COMMENT

The Editor's Comment will highlight some important papers that appear in the March - April 2005 issue of the *International Braz J Urol*.

Doctor Rubinstein and co-workers, from the Glickman Urological Institute, Cleveland Clinic Foundation, USA, presented on page 100 the current techniques and outcomes of laparoscopic partial nephrectomy for cancer. Based on an experience of more than 400 laparoscopic partial nephrectomies performed over the past 4 years by the senior author, this article presented the current technique at Cleveland Clinic and reviewed contemporary outcome data. The authors concluded that laparoscopic partial nephrectomy is an emerging, efficacious treatment option for select patients. Also, they are expanding the indications to include tumors that are larger, deeply infiltrating and present in less technically favorable locations. However, laparoscopic partial nephrectomy is still a challenging operation that must be performed by surgeons with experience in advanced urologic laparoscopic procedures.

Doctor Leite and colleagues, from Syrian-Lebanese Hospital, São Paulo, Brazil, assessed on page 131 the incidence of diagnosis of high-grade intraepithelial neoplasia or prostate intraepithelial neoplasia (PIN), and atypical small gland proliferation (ASAP) at a uropathology reference center. The authors analyzed the indexes and findings on repeat biopsies. After 1,420 biopsies, ASAP was diagnosed in 26 (1.8%) patients, PIN in 142 (10%) and PIN + ASAP in 40 (2.8%). Repeat biopsies were performed in 98 patients, 16 (61.5%) with ASAP, 53 (37.3%) with PIN and 29 (72.5%) with PIN + ASAP. Carcinoma was diagnosed in 7 cases (43.8%) following a diagnosis of ASAP, 12 (41.4%) of PIN + ASAP and 7 (13.2%) of PIN. The authors concluded that despite explicit recommendations of repeat biopsy on pathology reports and the high incidence of adenocarcinoma on repeat biopsy, re-intervention rates following a diagnosis of PIN, ASAP, PIN + ASAP are low in their setting. The diagnosis that most frequently led to repeat biopsy was PIN + ASAP. Adenocarcinoma was most often diagnosed after the initial diagnosis of ASAP.


Doctor Mezentsev, from Moscow Regional Scientific Research Clinical Institute, Russia, evaluated on page 105 the outcomes and cost-efficiency of extracorporeal shock wave lithotripsy (ESWL) in the treatment of renal pelvicalyceal stones sized between 6 and 20 mm in morbidly obese patients. The overall stone free rate at 3 months was 73%. The mean number of treatments per patient was 2.1 and the post-lithotripsy secondary procedures rate was 5.4%. No complications, such as subcapsular haematoma or acute pyelonephritis were recorded. The most effective (87% success rate) and cost-efficient treatment was in the patients with pelvic stones. The treatment of the patients with low caliceal stones was effective in 60% only. The cost of the treatment of the patients

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with low caliceal stones was 1.8 times higher than in the patients with pelvic stones. The authors concluded that ESWL with the Siemens Lithostar-plus is the most effective and cost-efficient in morbidly obese patients with pelvic stones sized between 6 and 20 mm. The increased distance from the skin surface to the stone in those patients does not decrease the success rate provided the stone is positioned in the focal point or within 3 cm of it on the extended shock pathway.

Doctors Ferreira & Koff, from Federal University of Rio Grande do Sul, Brazil, determined the clinical usefulness of prostate-specific antigen (PSA) density in the transition zone (PSADTZ) for increasing the specificity in early detection of prostate cancer and reducing unnecessary biopsies in males with PSA between 4.0 and 10 ng/mL (page 137). The study obtained PSADTZ measurements in 68 patients with PSA between 4.0 and 10 ng/mL. The authors concluded that PSADTZ increased PSA specificity in early detection of prostate cancer in males with PSA between 4.0 and 10 ng/mL. However, it was shown to have lower predictive value and lower accuracy than the percentage of free PSA since it presents a higher negative predictive value than all other parameters assessed, and it can be considered clinically useful for reducing unnecessary indications for biopsy.

Finally, it is my great pleasure to verify that the International Braz J Urol is continuing growing in acceptance and circulation. Now, in addition to the 6,000 copies of the printed version, the electronic version has been receiving around 24,000 visits on-line every month, from more than 100 different countries, and these figures include the International Braz J Urol among the most read urological journals.


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