

EDITOR'S COMMENT

The September - October 2004 issue of the of the International Braz J Urol presents interesting contributions and as usual the Editor's Comment will be close to the list of contents and will highlight some interesting papers.

Doctor Marella and colleagues, from Maimonides Medical Center, New York, USA, presented their experience and reviewed the literature on pelvic actinomycosis, as related to urology (page 367). The authors reviewed the etiology and clinical presentation associated with actinomycosis that often presents as a pelvic mass that mimics a pelvic malignancy. Diagnosis is very difficult and exploratory laparotomy was performed in 32 of the 33 patients studied, who had excision of mass and involved organs. Diagnosis was established by histologic examination of removed tissue. The authors poited out that pelvic actinomycosis mimics pelvic malignancy and may be associated with the long-term use of intra-uterine contraceptive devices, and persistent urachal remnants.

Doctor Nieder and co-workers, from University of Miami School of Medicine, Florida, USA discussed on page 377 the use of intraoperative cell salvage during radical prostatectomy as a safe technique for Jehovah's Witnesses patients. Intraoperative cell salvage enabled these patients to safely undergo radical retropubic prostatectomy without the need for blood transfusion. The authors did not believe that there is an increased risk of tumor dissemination by utilizing intraoperative cell salvage during radical retropubic prostatectomy.

Doctor Antunes and colleagues, from Recife, Pernambuco, Brazil, determined on page 380 the efficacy of intrarectal lidocaine hydrochloride gel in reducing pain in patients undergoing transrectal prostate biopsy. After studying 72 patients divided into 2 groups (20 mL of lidocaine intrarectal and placebo) the authors concluded that lidocaine probably exerts a minimal effect on patients' tolerance to pain on transrectal prostate biopsy.

Doctor Favorito and colleagues, from Urogenital Research Unit, Rio de Janeiro, Brazil, analyzed on page 420 the the morphology of epididymis and tunica vaginalis as well as their anatomical anomalies in patients with testicular torsion. After 50 analyzed testes, the authors found that

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40 (80%) presented bell clapper deformity (with 21 presenting intravaginal torsion); 8 testes (16%) had long mesorchium (4 with torsion), and only 2 (4%) presented normal anatomy in the tunica vaginalis. The authors concluded that intravaginal torsion is the most frequent type, and torsion due to long mesorchium is associated with cryptorchism.

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