

EDITOR'S COMMENT

The July – August 2003 issue of the *International Braz J Urol* presents interesting contributions and the Editor will highlight some important papers.

Doctors Holzbeierlein and colleagues, from University of Kansas Medical Center, Kansas City and Medical College of Wisconsin, Milwaukee, USA, authored on page 291 a thorough presentation on case selection and outcome of radical perineal prostatectomy in localized prostate cancer. It was emphasized that proper patient selection is critical to the success of the procedure and the minimization of complications. The authors concluded that radical perineal prostatectomy has stood the test of time, with only a few technical modifications since its original description more than 100 years ago. The procedure offers outcomes similar to radical retropubic prostatectomy, the standard approach for the treatment of localized prostate cancer. Its advantages include decreased pain, blood loss, and convalescence, the same arguments currently being made in favor of laparoscopic prostatectomy.

Doctors Srougi and co-workers, from Federal University of São Paulo, Brazil, presented on page 336 a modification of the radical cystectomy technique with preservation of sexual function and urinary continence. The authors stated that the proposed maneuvers allow the performance of radical cystectomy with integral preservation of distal urethral sphincter and of cavernous neurovascular bundles, without jeopardizing the oncological principles. Doctor Mark S. Soloway, from University of Miami School of Medicine, Doctors John F. Ward and Horst Zincke, from Mayo Medical School, Rochester, and Doctor James E. Montie, from University of Michigan, Ann Arbor, USA, provided important editorial comments that emphasize critical points and give adequate balance on this proposed technique.

Doctors Der Horst and colleagues, from University Hospitals of Kiel and University of Mannheim, Germany, presented on page 332 a 2 institutions work on a slightly modified technique of the original Schroeder-Essed plication procedure for congenital penile deviation. The modification of the technique with inverted sutures described previously consisted of horizontal incisions in the tunica albuginea. The results indicated that this simple modification offered good functional and cosmetic results and most patients were satisfied with the penile angle correction outcomes. Doctor Drogo Montague, from The Cleveland Clinic Foundation, Ohio, USA, provided an editorial comment on this article, highlighting critical points.

EDITOR'S COMMENT - *continued*

Doctors Tobias-Machado and colleagues from ABC Medical School, São Paulo, Brazil, presented on page 313 a comparative randomized clinical assay between ciprofloxacin, norfloxacin and chloramphenicol as antibiotic prophylaxis in prostate biopsy. Two hundred and fifty-seven patients were randomized in 4 groups: 1) single dose of ciprofloxacin 2 hours before the procedure; 2) ciprofloxacin 3 days; 3) chloramphenicol 3 days; and 4) norfloxacin 3 days. The schemes using ciprofloxacin presented better results in prophylaxis previously to prostate biopsy. The single dose of ciprofloxacin is recommended due to its posologic ease and low cost, associated with a therapeutic response equivalent to a 3-day regimen.

Doctors Paschoalin and colleagues from Ribeirão Preto School of Medicine, São Paulo, Brazil, investigated on page 300 the prevalence of prostate carcinoma in a sample of volunteers known to have a large proportion of Bantu African ancestors, and the performance of total PSA (tPSA), PSA density (PSAD) and free-to-total PSA ratio (f/tPSA) on the diagnosis. The authors found that tumor prevalence was higher in Non-White than in White phenotype. Also, they proposed that the association of tPSA at a cut-off level of 2.5 ng/ml with a PSAD of 0.08 or a f/tPSA of 20% for biopsy indication deserves further investigations as an alternative to tPSA cut-off level of 4 ng/ml.

Doctor Barros and associates, from Federal University of Bahia, Brazil, analyzed on page 306 the prevalence of prostate adenocarcinoma according to race in an university hospital. The authors studied 580 patients with mean age of 60.7 ± 10.0 years, with 116 Whites (20.0%), 276 Mulattos (47.6%) and 188 Blacks (32.4%). Prostate adenocarcinoma was found in 16.6% of patients aged between 40 and 79 years. The authors did not find statistically significant influence of race in the population with prostate adenocarcinoma. Dr. Gustavo F. Carvalhal, from Catholic University, Rio Grande do Sul, Brazil, provided an interesting editorial comment on racial implications in prostate cancer

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