

# BRAZILIAN JOURNAL OF UROLOGY

## EDITOR'S COMMENT

The September - October 2000 issue of the *Brazilian Journal of Urology* presents outstanding contributions from USA, Europe, and Brazil.

Doctors Rassweiler from Heilbron and Eisenberger from Stuttgart, Germany, present on page 463 a critical analysis on management of staghorn calculi after 250 cases. A total of 197 patients were treated with the new technologies in a five-year period and compared to 83 patients who underwent open surgery for complicated nephrolithiasis prior to the introduction of ESWL and endourology. The introduction of minimally invasive techniques has completely changed the management of complex stones. However, the multimodal minimally invasive therapy of complex renal stones requires an individual treatment plan for each patient depending on stone burden and distribution, anatomy of the collecting system, and the composition of the calculus. Doctor Preminger from North Carolina, USA, one of the most recognized world experts on stone disease, provided an Editorial Comment on this article.

Doctor Tiselius from Karolinska Institute, Stockholm, Sweden, authored on page 452 a comprehensive up-to-date presentation on stone incidence and prevention. The average lifetime risk of stone formation has been reported to be in the range of 5-10% with a considerable geographical variation. In Europe it was estimated that stones form in 2,000 persons of a population of one million. Of these patients, 500 (25%) will require active stone removal. It was also showed that as many as 75% of the patients suffers the risk of repeated stone formation during a follow-up period of 20 years. The recurrent nature of stone disease makes it important not only to remove stones from the urinary tract and to assist in the spontaneous passage of stones, but also to offer these patients an appropriate metabolic care.

Doctor Lancina and co-workers from La Coruña, Spain, performed a comprehensive metabolic evaluation on 106 single calcium stone formers, and on 394 recurrent calcium stone formers (170 mild and 224 severe forms of the disease), page 479. The authors found that recurrent stone formers present more frequently hypercalciuria and alkaline urine, and also excrete in urine more calcium than first-time stone formers. Recurrent stone formers had first stone occurrence younger than single stone formers. The authors concluded that calcium stone formers with high level of calcium in urine or with alkaline urine pH are associated with a high recurrence rate and require constant clinic watchfulness with selective medical therapy for preventing new stone formation.

On page 488, Doctor Böhle from Medical University of Luebeck, Germany, one of the world leading researchers on *Bacillus Calmette-Guérin* (BCG) in superficial bladder carcinoma, presents the most recent knowledge on this form of immunotherapy. Although the BCG's mode of action has not been fully elucidated yet, the author provided a conclusive overview on this complex field and gave detailed information on several aspects of relevance for the understanding of the involved immune mechanisms.

## **EDITOR'S COMMENT** - *continued*

Doctor Alvarez-Alvarez and colleagues from Vigo, Spain, reported on page 503, their experience on prostate needle biopsy specimens that contained foci of atypical small acinar proliferation (ASAP) but not diagnosed for malignancy. Among 1,345 prostate needle biopsies, 39 cases (2.89%) showed foci of ASAP. Of these, 10 (52.63%) were later found to have adenocarcinoma, with a mean Gleason score of 6.28. Forty-two percent of cases with uncertain diagnosis and 63.6% from the probably malignant group were carcinomas. The authors concluded that the recommended clinical attitude after a diagnosis of ASAP must be careful patient follow-up considering the repetition of biopsy after few months. Doctor Bostwick, from Virginia, USA, one of the world experts on prostate pathology, provided an important Editorial Comment on this article.

On page 510 Doctor Luján and co-workers from Madrid, Spain, reported the Spanish contribution to the European Randomized Study of Screening for Prostate Cancer (ERSPC). At a Spanish center, 2,416 men were included in the screening arm, and 264 biopsies were performed. The authors performed biopsies when PSA  $\geq$  3.0 ng/ml (rectal examination is not considered to indicate biopsies in these cases). Fifty-four prostate cancers were detected (47 localized, 5 locally advanced, and 2 metastatic); overall, detection rate was 2.24%. The authors suggested that screening detects more cancers at an early stage. Nevertheless, it is necessary to wait at least for 10 years of follow up to verify if a significant benefit, with regard to prostate cancer mortality reduction, is achieved.

Doctor Martins and colleagues, from Ribeirão Preto, Brazil, studied on page 516 the incidence of carcinoma of the prostate in 1,079 volunteers from a community population. Two hundred and thirty-five volunteers with PSA greater than 4.0 ng/ml, positive digital examination or both were referred to prostate biopsy. Of the 136 (57.6%) men who agreed with the biopsy, 27 (2.5%) had tumor and 10 (0.9%) had isolated prostatic intraepithelial neoplasia (PIN). Thirteen of the cancer patients were submitted to radical prostatectomy, which revealed that 61.5% of them had tumor stage lower than pT3.

On page 535 Doctor Telöken and co-workers from Porto Alegre, Brazil, demonstrated that a period of 10 weeks of hypercholesterolemic diet induced increase in the thickness of rabbit penile tunica albuginea and an increase in the blood levels of cholesterol and testosterona.

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