

# BRAZILIAN JOURNAL OF UROLOGY

## *EDITOR'S COMMENT*

The July – August 2001 issue of the Brazilian Journal of Urology presents important contributions from USA, Europe and Brazil. The Editor would like to highlight some papers.

Doctors Ames and Older, well known urologists from University of Virginia Health System, Charlottesville, Virginia, USA, present on page 316 an important article on imaging the urinary tract obstruction. The authors state that in the non-acute setting, where urinary tract obstruction is suspected, an ultrasound may be used as the initial screening procedure. To the acute patient, it is now used non-contrast spiral computed tomography as the screening examination for flank pain and suspected ureteral stone. This is faster and more accurate than conventional examinations and provides information regarding non-urologic causes of pain. In children, the approach is somewhat different. Ultrasound is used as the primary screening tool for suspected obstruction. If hydronephrosis is demonstrated, a functional study such as a Lasix renogram is generally performed to evaluate the function of the two kidneys and the severity of the suspected obstruction. Further studies would then depend on clinical consideration such as any need for surgical intervention.

Doctor Graziottin and colleagues, from University of California School of Medicine, San Francisco, California, USA provide our readers with the most comprehensive review on Peyronie's disease published in recent years (page 326). The authors reviewed the incidence, pathology and basic science knowledge of the disease. Also, the natural history, presentation and diagnosis are discussed. The considerations on the non-surgical treatment revealed that the therapeutic advances in Peyronie's disease have not resulted in a reliable cure. The indications for surgical correction include: severe curvature, narrowing or indentation of more than one-year duration, sexual difficulty or partner discomfort because of deformity, or severe penile shortening. Prior to surgery, a detailed evaluation of penile vascular and erectile function is highly recommended. Reconstructive surgery is not recommended in the acute phase of the disease.

Doctor Duarte and co-workers from University of São Paulo, São Paulo, Brazil, report by for first time the use of a cutting balloon catheter for management of urethral strictures in 20 patients (page 358). Doctor Netto Jr., from Unicamp, Brazil, Doctor Preminger, from Duke University, and Doctor Wolf Jr., from University of Michigan, USA, our Consulting Editors, provide important Editorial Comments, which give pertinent considerations on this controversial procedure.

On page 380, Doctor Dénes and associates, from University of São Paulo, São Paulo, Brazil, present an important series of laparoscopy for evaluation and treatment of 85 impalpable testes. Laparoscopy enabled precise diagnosis and when intra-abdominal testis were found, either immediate laparoscopic orchiectomy, or primary and staged orchipexy were possible.

Doctor Angulo and co-workers, from University of Alcala, Madrid, Spain, present on page 386 a surgical modification of the conventional inverted U vaginal flap for correction of severe cystocele or cystourethrocele and associated incontinence, either evident or occult. The technique incorporates anterior colporrhaphy and a transverse vaginal flap sling to support the bladder neck and treat stress incontinence. The authors studied 41 patients and at a mean follow-up of 42 months presented a success rate of 93% for cystocele repair and 88% for treatment of associated stress incontinence.

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