

BRAZILIAN JOURNAL OF UROLOGY

EDITOR'S COMMENT

The March - April 2002 issue of the Brazilian Journal of Urology presents important contributions from six different countries, and the Editor will highlight some important papers.

Doctors Matlaga and Assimos, from Wake Forest University, Winston-Salem, NC, USA, present on page 87 an up-to-date discussion on the role of open stone surgery in the era of the minimally invasive procedures, such as extracorporeal shock wave lithotripsy (SWL), percutaneous nephrostolithotomy (PNL), and ureteroscopic stone removal (URS). While the majority of patients may be treated with these less invasive modalities, there are some patients to whom an open surgical procedure is the optimal therapy. This may be the case for patients with: a)- symptomatic calculi in calyceal diverticula, especially the anterior caliceal cavity, as percutaneous access could result in excessive bleeding, b)- calculi in kidneys with ureteropelvic junction obstruction, including patients with large collecting systems, those with a long segment of strictured ureter, those with diminished renal function, and perhaps those with associated crossing vessels, c)- morbidly obese patients, d)- patients refractory to SWL, PNL or URS, e)- xantogranulomatous pyelonephritis associated with renal calculi, f)- ureteral stones associated with ureteroceles, ectopic ureters, or obstructing congenital megaureter, g)- stones in ectopic kidney, h)- select patients with staghorn calculi. Albeit small, there remains a role for open stone removal, especially in patients with complex calculous disease associated with anatomic abnormalities.

Doctor Mota and co-workers, from Coimbra University Hospitals, Portugal, investigated the causes and effects of acute tubular necrosis (ATN) in 774-cadaver donor renal transplantation (page 93). The incidence of ATN was 16% and was associated with donor-related factors: a)- age greater than 45 years, b)- storage with Collins solution, c)- cold ischemic time greater than 24 hours, and with recipient-related factors: a)- obesity, b)- pre-transplantation dialysis treatment greater than 60 months, c)- surgical time greater than 3 hours, d)- poor HLA compatibility, e)- azathioprine plus prednisone immunosuppression regimen. ATN was associated with higher incidence of acute rejection and with a poorer 1-year graft function. In this study ATN did not adversely affect kidney graft survival, but increased significantly the length of patient hospitalization.

Doctor Dall'oglio and associates, from Federal University of São Paulo, Brazil, compared the pathological features and the evolution of incidental renal cell carcinoma in patients submitted to surgical treatment, correlating the nuclear grade, the tumor size and the pathological staging of these tumors with the same parameters in patients with symptomatic disease (page 102). The authors found that the incidental tumors PT1 had lower nuclear grade ($p < 0.001$), smaller size ($p = 0.001$) and low stage ($p < 0.001$), when

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compared with tumors in symptomatic patients. The tumors present more aggressive features when they are larger than 4 cm in diameter.

Doctor Lima and colleagues from Cancer Hospital of Ceará, Ceará, Brazil, report on page 123 the intraoperative use of gamma probe for identification of sentinel node in 12 patients with penile cancer. The authors concluded that this technique might be useful to define the presence or absence of inguinal node metastasis in patients with T1, T2 and selected cases of T3 penile cancer. Also, they stated that this approach might spare many patients from inguinal lymphadenectomy, which is associated with long-term morbidity. Doctor Ornellas, from Cancer National Institute, Rio de Janeiro, Brazil, provided an editorial comment on this paper, and remembered that the concept of sentinel lymph node may fail to detect the disease. In his own experience, around 30% of patients who had negative sentinel node presented tumor recurrence.

Doctor Miranda and associates, from State University of Campinas, São Paulo, Brazil, report on page 147 their experience with the diagnosis and management of intrauterine hydronephrosis in 45 women. Prenatal intervention was performed in 18 fetuses, being 18 urine aspirations and 3 shunts placement. There were 11 deaths that occurred either intrauterine ($n = 4$) or in the immediate postnatal period ($n = 7$). Definitive diagnosis included transitory hydronephrosis in 3 neonates (8.8%), ureteropelvic junction obstruction in 9 (26.5%), non-obstructive hydronephrosis in 4 (11.8%), vesicoureteral reflux in 7 (20.6%), ureterovesical junction obstruction in 5 (14.7%) and posterior urethral valve in 6 (17.6%). Seventeen children remain with stable renal function and were managed conservatively. The remaining 14, whose renal function was either initially poor or deteriorated during follow-up, underwent surgical correction of their anomalies.

Doctor Verit and co-workers, from Harran University Medical School, Sanliurfa, Turkey, studied the topical effects of intravesical graded doses of capsaicin on bladder mucosa of rats (page 154). The animals in intravesical capsaicin groups (2, 4, and 40 mM) exhibited similar bladder mucosal histology. Capsaicin acutely induced thinning of the epithelium, submucosal edema, vascular ectasia and congestion. All bladders in intravesical capsaicin groups demonstrated a histologically similar mucosa. The authors concluded that in the resistance cases treated with intravesical capsaicin, concentrations may be increased to values above the widely used doses if an adequate anesthesia is maintained.

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Editor-in-Chief