BRAZILIAN JOURNAL OF
UROLOGY

EDITOR'S COMMENT

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

Doctors Ogan and Cadeddu, from University of Texas Southwestern Medical Center at Dallas, Texas, USA, world experts in laparoscopy, outline the various techniques of laparoscopic partial nephrectomy that are currently performed clinically, that are in development, and also discuss the possibilities being developed for the future (page 184). The main techniques described and discussed are: Pure Laparoscopic Nephrectomy (duplication of open surgery - the most difficult), Cable-tie Tourniquet, Double-loop Renal Tourniquet, Endosnare, Hand-Assisted Laparoscopic Partial Nephrectomy, Ultrasonic Shears, Radiofrequency Coagulation, Hydro-Jet, Microwave and Holmium laser. The authors conclude that although laraposcopic partial nephrectomy is certainly an efficacious procedure applicable in many cases, this technique would not replace open partial nephrectomy for many tumors.

Doctor Billis and co-workers from State University of Campinas, São Paulo, Brazil, studied the incidentally found carcinoma of the prostate in 150 autopsied men (page 197). The microscopic examination included the evaluation for the presence or absence of prostate carcinoma, tumor extension evaluated according to the percentage of sections showing neoplasia, and the histologic grading according to the Gleason system. Interesting, the neoplasias found only in the transition zone or only in the peripheral zone were of low-grade and not extensive. Overall, the Gleason score was 2 - 4 in 14.5% of the cases, 5 - 6 in 80%, and 7 in 5.5%. The authors found morphological evidences for a less malignant potential for a carcinoma if present exclusively in the transition zone. Also, they found that Gleason score 2 - 4 was significantly more frequent in younger patients, and Gleason score 7 in older patients.

Doctor Hjälmås, a world recognized expert in the field, from the Section of Pediatric Urology, Göteborg University, Sweden, in the best of my knowledge, provide our readers with the most comprehensive review on enuresis in children published in recent years (page 232). The author reports that bedwetting is the most common chronic problem in childhood, next to allergic disorders. The prevalence of nocturnal enuresis is at least 5 - 10% of 6 to 7 year old children, most often boys, and is of 0.5% in the adult population. Nocturnal enuresis is caused by a delay in maturation of the somatic mechanisms responsible for sleeping dry all night, and this delay is most often hereditary in nature. With few exceptions, nocturnal enuresis is not caused by psychosocial factors. After

an extensive and comprehensive discussion of many factors, the author summarized that nocturnal enuresis results from nocturnal polyuria and/or reduced bladder capacity and, in addition, the child's inability to wake up as a response to an over-full bladder. Therefore, the treatment for nocturnal enuresis is based on enuresis alarm, which is meant to induce arousal, and/or desmopressin that reduces the amount of urine produced.

Doctors Almeida and co-workers, from the University of California Los Angeles, California, USA, on page 254, describe the surgical technique and present the results of the placement of a thinly woven polypropylene mesh under the mid to distal urethra, for the treatment of stress urinary incontinence in 263 consecutive patients. At a minimum follow-up of 1 year, the authors evaluated the patients with a urogenital symptom questionnaire, physical examination, and postvoid residual volume determination. Of the patients, 26% had failed prior vaginal surgery. The authors found no major complications such as permanent retention, erosion, infection or rejection to the mesh. One hundred and twenty eight patients had at least 12 months of follow up and were included for the outcome analysis. The authors found that of these patients, 96.4% were cured or improved and only 3% developed "de novo" urge-incontinence.

Doctors Gomes and colleagues, from Federal University of São Paulo, SP, Brazil, present on page 265 an elegant investigative paper on malnutrition and gentamicin nephrotoxicity. Clinical and experimental studies have previously demonstrated important alterations in renal function during malnutrition. In this way, the authors analyzed if the use of gentamicin in rats subjected to food restriction can interfere with the development of gentamicin nephrotoxicity. The rats were submitted to food restriction during 30 days. The studied groups were rats with non-restricted food intake + saline, rats with non-restricted food intake + gentamicin, rats with food-restricted + saline, and rats with food-restricted + gentamicin. A significant fall in glomerular filtration rate was observed in groups of food restriction and/or gentamicin use. Nevertheless, in the group of food restriction + gentamicin the impairment in glomerular filtration rate was more evident. Also, food restriction led to a significant impairment in tubular reabsorption of bicarbonate. Although the study was performed in rats, it could suggest that the use of aminoglycoside antibiotics in malnourished patients should be performed with additional caution.

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