

International **Braz J Urol**

EDITOR'S COMMENT

The November - December 2002 issue of the *International Braz J Urol* presents important contributions from different countries. As usual, the Editor's Comments will be close to the list of contents and will highlight some important papers.

Doctors Smith, Somogyi, and Chancellor, one of the pioneers groups in urological applications of botulinum toxin, from University of Pittsburgh, Philadelphia, USA, presented on page 545 a comprehensive article on the mechanisms underlying the effects of botulinum toxin treatment, and discussed its use in urethral and bladder dysfunction. In addition to reviewing the current literature, the authors presented their extensive and pioneer experience in detrusor external sphincter dyssynergia, and in hyperreflexic bladders of spinal cord injured patients. Also, the authors discussed the research in development, such as the study of the botulinum toxin isoforms, as well as the effects of botulinum toxin in the afferent nerves with its potential usage in the treatment of chronic pain.

Doctors Erdogru and colleagues, from the German Hospital, Antalya, Turkey, presented on page 516 the role of non-contrast spiral computerized tomography (CT) for the prediction of a favorable clinical outcome in patients with ureterolithiasis presenting with acute flank pain. Spontaneous passage was assumed in 79 patients with ureterolithiasis, and only 38 patients spontaneously passed ureteral stones. The greatest width difference was statistically significant between "passed" (2.0-7.4mm; mean 4.37 ± 1.63) and "unpassed" (4.0-10.0mm; mean 7.35 ± 1.81) groups, $p < 0.05$. The authors concluded that the size and location of the ureteral stones, as well as their effects on ureteral wall, such as periureteral inflammation and edema, demonstrated by the rim sign, all presented important predictive value on spontaneous passage of ureteral stones.

Doctors Meller and co-workers, from Federal University of São Paulo, Brazil, analyzed on page 522, the complications in a series of 59 radical cystectomies performed by residents at an university hospital, and compared these complications with those reported in the literature. The surgeries were performed by 8 residents, oversaw by an experienced surgeon. Camey II ileal neobladder was used in 36 cases (62%), ureterosigmoidostomy in 8 (13.8%), Bricker in 12 (20.7%), and Mainz-Pouch II diversion in 2 cases (3.5%). Blood transfusion was required in 25 cases (42%). Immediate complications were observed in 19% of the patients, and late complications in 19% as well. These figures demonstrated that residents gather the conditions to perform radical cystectomy, without significant increase in complication rates.

Doctors Braun and colleagues, from University of Kiel, Kiel, and University of Heidelberg, Mannheim, Germany, very experienced in the field, provided our readers with an up-to-date discussion on the current indications for treatment of urolithiasis in children (page 539). Extracorporeal shock wave lithotripsy (ESWL) has proven to be an efficient method for treatment of most pediatric

EDITOR'S COMMENT - *continued*

urinary stones, with stone-free rates ranging between 67% and 93% at short-term follow-up, and 57% to 92% at long-term follow-up. The authors teach us that renal stones with a diameter of up to 2cm are an ideal indication for ESWL, and also, that even larger stones can be effectively disintegrated by ESWL in children, together with swifter and uncomplicated discharge of larger fragments. In consequence, the placement of a ureteral stent before or after ESWL is generally unnecessary. Contrary to adults, general anesthetic is demanded in 30% to 100% of children treated by ESWL. Petechial bleeding at the skin or slight hematuria often arise, and severe complications after ESWL are more frequent in children than in adults, ranging from 6% to 26%.

Doctor Pettefi and collaborators, from Federal University of Rio Grande do Sul, Brazil, compared on page 526 the efficiency of short and long term antimicrobial therapy in transrectal ultrasound-guided prostate biopsies. Patients were randomly separated into 2 groups (single dose and 6 doses of quinolone). The authors concluded that although there is no optimal prophylactic preparation to the performance of transrectal prostate biopsy, long term antimicrobial prophylaxis presents a trend toward lower incidence of infectious complications.

Doctors Almeida, Rodríguez and Raz, from University of California Los Angeles, USA, provided our readers with a state-of-the-art article on the role of dynamic magnetic resonance imaging (MRI) in pelvic floor dysfunctions (page 553). After a critical analysis of the available imaging techniques, the authors concluded that due to its non-invasiveness, rapidity, simplicity and non-exposition of the patient to ionizing radiation, MRI is an image method very useful to study pelvic floor and identify cystocele, rectocele, enterocele, and uterine prolapse. Furthermore, it provides high quality images that allow a throughout evaluation of all pelvic cavity components, including soft tissue, which is not possible with other studies based on fluoroscopy.

Doctors Hachul, Macedo Jr., and Srougi, from Federal University of São Paulo, Brazil, presented on page 560 an investigative work on bladder reconstruction with a myoperitoneal flap of rectus abdominis muscle in female rats. After urodynamics and histological analyses, the authors elegantly demonstrated that the use of rectus flap for bladder augmentation resulted in urothelial epithelization of the muscular region of the flap, as well as in a satisfactory increase in bladder capacity with maintenance of low bladder pressures.

Finally, it is my pleasure to announce in this last issue of 2002, that the *International Braz J Urol* continues to grow in acceptance and circulation. In addition to the 6,000 copies of the printed version of our Journal, which reach more than 60 countries, during the last 3 months, the electronic version has been receiving more than 5,000 visits on-line every month. These figures include the *International Braz J Urol* among the most read urological journals. This success is thanks to the effort of our authors, ad-hoc reviewers, and consulting editors, which dedicated a considerable fraction of their time to our Journal, and I would like to express my sincere recognition for it.

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