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**EDITOR'S COMMENT**

The September – October 2001 issue of the Brazilian Journal of Urology presents important contributions from different countries and the Editor would like to highlight some papers.

Doctor Lancina and colleagues (page 423) from La Coruña, Spain, present information on metabolic changes in relation to gender in patients with urolithiasis after studying 226 males and 274 females with comprehensive metabolic evaluation. They found that hyperoxaluria, hyperuricosuria and hypocitraturia were more common in men than in women. Men excrete higher levels of calcium, phosphate, oxalate, uric acid and magnesium than women do; nevertheless, the differences in the calcium values were not statistically significant. On the other hand, women excrete higher levels of citrate than men. The authors concluded that these findings might afford women a metabolic profile of lower lithogenic risk.

Doctor Rhoden and co-workers (page 454) from Federal Foundation School of Medicine of Porto Alegre, Rio Grande do Sul, Brazil, attempted to determine the best free to total PSA ratio for the diagnosis of prostate cancer and BPH after studying 149 patients with PSA levels ranging from 4.1 to 10 ng/ml. All patients underwent ultrasound guided prostatic biopsy and 26.9% were found to have prostate carcinoma. The free to total PSA ratio for carcinoma and BPH was 12.6% and 21.2%, respectively. The authors found that a threshold of 11% is more accurate for the diagnosis of carcinoma in patients with PSA levels between 4.1 and 10 ng/ml.

Doctor Gil and associates (page 461) from State University of São Paulo, Brazil, studied the association of human papillomavirus (HPV) with penile epidermoid carcinoma in an impressive series of 55 patients. The authors found that HPV is strongly associated with penile carcinoma (30.9% of the cases). The relative risk of death for patients with penile carcinoma and HPV type-16 was 7.59 times greater than that for the virus negative group. The detection of coilocytosis presented a significant correlation with the presence of HPV type-16. Overall, it was found that the existence of HPV type-16 in the tumors was associated with increased mortality of the patients.

Doctor Barroso and co-workers (page 478) from São José do Rio Preto, São Paulo, Brazil, studied the natural history of the remaining refluxing distal ureteral stump for a period of 17 years. The authors analyzed 25 patients submitted to nephrectomy followed by partial ureterectomy for vesicoureteral reflux into a non-functional kidney. They concluded that the remaining ureteral stump after total or partial nephrectomy presented a low rate of complications even in the presence of a high-grade reflux.

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

Doctor Dündar and associates (page 495) from Adnan Menderes University Medical School, Aydin, Turkey, evaluated the urinary and serum cytokine levels of Interleukin-1  $\beta$  (IL-1 $\beta$ ), Interleukin-6 (IL-6) and tumor necrosis factor- $\alpha$  (TNF- $\alpha$ ) in 21 patients, before and 2 hours after shock wave lithotripsy (SWL). The authors found no statistically significant difference in serum and urine cytokine levels before and after SWL. Therefore, SWL does not seem to cause an inflammatory response detectable with IL-1 $\beta$ , IL-6 and TNF- $\alpha$ .

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