

BRAZILIAN JOURNAL OF UROLOGY

EDITOR'S COMMENT

The July - August 2000 issue of the Brazilian Journal of Urology presents outstanding contributions from USA, Europe, Asia and Brazil.

Drs. Santucci and McAninch from San Francisco, California, USA, presents on page 408 a step by step article on how to evaluate and manage bladder injuries. The authors state that retrograde computerized tomography cystogram is the best method to identify the injury as intra or extraperitoneal. While intraperitoneal injuries always require open repair, extraperitoneal injuries can be managed with catheter drainage alone in the majority of cases.

Dr. Van Poppel from University of Leuven, Belgium authored a comprehensive article on nephron sparing surgery in renal cell carcinoma (page 342). After presenting and discussing the indications, the surgical technique and the follow-up of patients submitted to kidney preserving surgery, the author concluded that it is an accepted treatment modality in properly selected cases of renal carcinoma, even in the presence of a normal contralateral kidney.

Dr. Kochakarn from Mahidol University, Bangkok, Thailand, reported on page 385 an impressive series of 25 traumatic amputation of the penis as philandering punishment by humiliated wives. He presented the surgical management of this injury, and with a reasonable simple technique, he showed that functional and cosmetic results are quite satisfactory.

Drs. Lane and Shah from London, England (page 420), discussed the usefulness of valsalva leak point pressure (VLPP) in the evaluation of stress urinary incontinence. The authors concluded that VLPP is useful in identifying pre-operatively those patients in whom there is an appreciable level of sphincter dysfunction. Therefore, it offers the opportunity for improved selection of patients for surgical interventions aimed at dealing with urethral coaptation with or without bladder neck re-approximation.

Drs. Soares and Delmas, from Bichat University Hospital and Université René Descartes, Paris, France, authored an article outlining the kidney lymphatic anatomy and its importance in renal tumors (page 354). Worth of attention is the fact that on both sides, the lymphatic drainage of the kidney posterior surface reaches directly the lymph nodes of the diaphragmatic crus, and from this point drain into the retroaortic nodes, from T-11 to L-1 (mediastinal lymphatics). Through this route, tumoral cells may spread directly to the mediastinum.

Drs. Lima and colleagues, from Federal University of Pernambuco, Recife, Brazil, report the results of patients using a periurethral constrictor in the treatment of urinary incontinence of neurologic origin (page 415). This device was created some years ago by Dr. Lima, and the long-term follow-up (mean 50.9 months) showed good results in 87.5% of the cases. Therefore, this device represents a safe and cost effective alternative in the treatment of patients with incontinence of neurogenic etiology.

Francisco J.B. Sampaio
Editor-in-Chief