

EDITOR'S COMMENT

The September – October 2003 issue of the International Braz J Urol presents interesting contributions and the Editor will highlight some important papers.

Doctor Der Horst and colleagues, from the University Hospital Schleswig Holstein, Campus Kiel, Germany, provided our readers with a thorough presentation on etiology, pathophysiology and management of priapism (page 391). The authors emphasized that two main types of priapism; veno-occlusive low flow (ischemic) and arterial high flow (non-ischemic), must be distinguished to choose the correct treatment option for each type. Priapism can be treated effectively with intracavernous vasoconstrictive agents or surgical shunting. Alternative options, such as intracavernous injection of methylene blue or selective penile arterial embolization, for the management of high and low flow priapism are described and discussed. The authors also had given a survey on current treatment modalities.

Doctor Arruda and co-workers, from Federal University of São Paulo, Brazil, presented on page 412 an interesting paper on a new modality of retroperitoneal lymphadenectomy as a complementary treatment for patients with high risk, stage I nonseminomatous testicular tumor. The patients underwent unilateral retroperitoneal lymphadenectomy (URL) or selective retroperitoneal lymphadenectomy (SRL). In the SRL group, there was only 5% of aspermia versus 79% in the URL group. Disease-free survival rate was similar in both groups. The authors concluded that selective retroperitoneal lymphadenectomy constitutes an effective technique with a lower morbidity than unilateral lymphadenectomy.

Doctors Lima and Rodrigues Netto, from State University of Campinas, São Paulo, Brazil evaluated on page 418 the importance of urodynamic studies for the surgical treatment of benign prostatic hyperplasia. In 151 patients (group A) transurethral resection of the prostate was performed without a prior urodynamic study, and in 164 patients (group B) an urodynamic study was performed prior to surgery. The findings suggest that the previous urodynamic study is not the only factor related to the success of surgical outcome; and therefore, the symptoms and uroflowmetry associated would be enough during the preoperative routine studies for BPH patients.

Doctors Gimba and Barcinski, from the National Institute of Cancer, Rio de Janeiro, Brazil, provided our readers with a comprehensive up-to-date on the molecular aspects of prostate cancer, discussing their implications for future directions (page 401). The authors stressed that molecular

pathogenesis of prostate cancer involves many contributing factors, such as alterations in signal transduction pathways, angiogenesis, adhesion molecules expression and cell cycle control. Also, the authors demonstrated that molecular studies are making clear that many genes, scattered through several different chromosomal regions probably cause predisposition to prostate cancer. The authors also show that gene therapy comes as an important approach for therapeutic intervention in prostate cancer. Doctors Lionel Ba-ez and Judd W. Moul, world recognized experts in the field, from the Center for Prostatic Disease Research, Rockville, Maryland, USA, reviewed and provided editorial comment on the manuscript.

Doctor Bruschini and associates from Federal University of São Paulo, Brazil, analyzed on page 455 the development of bladder control in mentally handicapped children. All patients with mental deficiency of grade profound and severe presented leakage episodes regardless of the age. The patients with mild and normal inferior value of mental deficiency acquired progressive urinary control with aging, and 33% still remain with urinary symptoms above 16 years old. The authors concluded that lack of bladder control was correlated to the grade of mental handicap. In severe and profound groups, the expectancy of bladder control is disappointing.

Finally, it is again my pleasure to verify that the International Braz J Urol continues to grow in acceptance and circulation, and last month the on-line version received more than 11,000 visits from 96 countries.

Respectfully,

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