

EDITOR'S COMMENT

In this issue of the Brazilian Journal of Urology, our readers will find important contributions from USA, Europe and Brazil.

A thorough presentation and discussion on diagnosis and management of prostatitis is authored by Dr. Anthony Schaeffer (page 122), Chairman of Urology at Northwestern University, Chicago, and the world expert in the field. It is a common syndrome and up to 50% of adult men experience complaints of symptoms of prostatitis at some time in their lives. At moment, prostatitis is divided into acute bacterial prostatitis; chronic bacterial prostatitis; chronic pelvic pain syndrome (CPPS) which is subdivided into inflammatory and noninflammatory CPPS; and asymptomatic prostatitis (prostatodynia). Dr. Schaffer's article presents how to diagnose and manage each of these entities.

An important up to date on treatment of metastatic prostate cancer is presented by Dr. Judd Moul, who is professor of surgery at Uniformed Services University of the Health Sciences and director of the Center for Prostatic Disease, Rockville, MD (page 132). In this article, the current concept of advanced disease is defined. For treatment, the LH-RH agonists, alone or combined with an antiandrogen, is the preferred method of androgen ablation. Combined hormonal therapy may provide modest survival benefit and remains controversial. Intermittent hormonal therapy has great appeal, mainly due to the potentially deleterious effects of long-term therapy. It is now recognized that early androgen ablation has the potential to allows a longer symptom-free interval and a presumably better quality of life.

Dr. Harris Nagler, Professor and Chairman of Urology at Beth Israel Medical Center, New York, is a world recognized expert in infertility and presents his experience in vasectomy reversal, discussing its current indications and technique (page 146). Success after vasectomy reversal depends on several factors including the length of the interval between the vasectomy and the reversal, the experience of the surgeon, and other pre-operative and intra-operative factors. Alternatives surgical techniques for reconstruction, including the use of lasers and fibrin tissue glue, are currently under investigation. In the present era of in vitro fertilization advancements and intracytoplasmic sperm injection, microsurgical vasectomy reversal remains the standard of care for patients who want to re-establish fertility after vasectomy.

The indications and results of submucosal deposition of bulking agents for the treatment of intrinsic stress urinary incontinence both in male and female patients are authored by Drs Stenzl and Strasser from the Department of Urology, University of Innsbruck, Austria, who are recognized as very experts in the technique of injection and in pelvic floor anatomy (page 199). The rationale and clinical results of artificial, heterologous and autologous bulking agents currently used for treatment are analyzed and the technique of transurethral submucosal injection applied by the authors is described. The authors emphasized that perioperative imaging using transrectal or transvaginal ultrasonography is important for the exact placement of the injected material, and is one of the key

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factors for a satisfactory result. Depending on several factors discussed, the results of continence and improvement vary from 21-83% and 40-100%, respectively.

Dr. Barroso Jr. et al. from São José do Rio Preto presented their findings on ultrasonographic assessment of the kidney in children before and after pyeloplasty (page 190). They found a progressive decrease in renal dilation in the majority of patients at 24 months follow-up (84.6%); nevertheless, its complete disappearance is rare. Normal parenchymal thickness was prognostic for good outcome after pyeloplasty.

The results of flexible ureteroscopy for treatment of residual calculi in the kidney after ESWL is presented after an important series of 113 procedures by Dr. Maríngolo et al. from Federal University of São Paulo (UNIFESP), page 156. Flexible ureteroscopy allows a smaller period of hospitalization when compared with percutaneous nephrostolithotomy, with similar stone-free rates.

Dr. Mazzucchi et al. from University of São Paulo (USP) analyzed the outcome and complications of allograft nephrectomy after 74 procedures in 70 patients divided into 2 groups: those operated on up to 90 days after transplantation and those operated later (page 163). Allograft nephrectomy performed in the first 90 days after transplantation presented a higher incidence of complications, probably due to poor clinical conditions of patients.

Dr. Netto et al., from Unicamp, SP, studied a total of 75 men, mean age of 63 years, with PSA levels between 4 and 10 ng/ml and normal digital rectal examination (page 171). They found that there was a statistical difference in the detection of prostate cancer using the cut-off of 20% of free to total PSA ratio. The use of a cut-off of 15% of free to total PSA ratio can underscore the incidence of prostate cancer in patients with total PSA level between 4-10 ng/ml.

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