
EDITOR'S COMMENT

The Editor would like to highlight some papers published in the November – December 2001 issue of the Brazilian Journal of Urology.

Doctor Mariano and colleagues (page 527) from Rio Grande do Sul, Brazil, present their initial experience (5 cases) with laparoscopic retroperitoneal lymph node dissection (LRLND) following initial chemotherapy for stage IIb (1.5 to 5 cm) solitary or unilateral lymph node metastases. Although after chemotherapy, the procedure is classically more difficult and challenging, LRLND could be completed in all cases. The main complication was an injury to the inferior vena cava that was repaired laparoscopically. The operative time was 150 to 380 minutes, the blood loss was minimal and the number of lymph nodes excised ranged from 12 to 36 (mean = 18.6). Histological examination revealed necrosis in 4 cases and mature teratoma in 1 case. Antegrade ejaculation was preserved in all patients, the mean hospital stay was 3 days and there were no recurrences with a mean follow up of 12 months. The authors concluded that LRLND is a technically advanced procedure that was both feasible and effective for exploration of stage IIb testicular cancer after chemotherapy.

Doctor Carvalho Jr. and co-workers from Rio de Janeiro, Brazil, analyzed on page 535 the effectiveness and complications of the autologous pubovaginal sling for treatment of stress urinary incontinence (SUI) regardless of its type. The mean age of the patients was 53.3 years and the mean follow-up period was 17.6 months. There was anatomical SUI in 14.8% of patients, type III in 33.3% and associated types in 51.9%. The cure rate was 88.8% and the index of satisfaction was 7.4 points (considered high). The more prevalent complication was urinary retention (51.9%), with 18.5% requiring indwelling catheter after the seventh postoperative day and 7.4% needing intermittent catheterization for longer periods. The authors found that the autologous pubovaginal sling is highly effective and produces a high index of satisfaction for all types of SUI. The complications are frequent but in general are transitory and not important.

Doctor Maciel and associates from School of Medicine of Ribeirão Preto, São Paulo, Brazil, compare on page 542 the results of PSA determinations using 2 methods currently employed in Brazil, IMx (Abbott) and Immulite (DPC). Sixty-nine blood samples obtained from patients with lower urinary tract symptoms were processed in a single assay by the IMx method and the Immulite method (PSA levels ranging from 1 to 286 ng/ml). The authors found that the measurements of total PSA by the Immulite-DPC and IMx-Abbott methods were statistically comparable within the 3 ranges evaluated (0 - 10 ng/ml, 10.1 - 20 ng/ml, and 20.1 - 100 ng/ml), but important individual variations were observed in the range of values lower than 10 ng/ml.

EDITOR'S COMMENT - *continued*

Doctor Ambrogini and colleagues, from São José do Rio Preto, São Paulo, Brazil, evaluate in 128 patients the tolerability degree to the urodynamic study in its various phases (page 549). A questionnaire classified the tolerability as: no discomfort, mild, moderate, and severe discomfort to the different phases of the exam (exposition, filling cystometry, voiding cystometry, and Valsalva leak point pressure). The questionnaire demonstrated that “mild discomfort” was the more prevalent classification for all phases of the urodynamic study ($p < 0.05$). Sex-related tolerance occurred for the phase of filling cystometry and for the lithotomy position, with males presenting less tolerance than females ($p < 0.05$). The authors concluded that the urodynamic study is generally well tolerated, and the tolerability might be enhanced through a better previous orientation by the physician.

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