

BRAZILIAN JOURNAL OF UROLOGY

EDITOR'S COMMENT

The January - February 2002 issue of the Brazilian Journal of Urology contains articles from six different countries, and this fact confirms its international character. As always, the Editor's Comments will be close to the list of contents, and will highlight some important papers.

Doctor Ruffer and co-workers from Kantonsspital St. Gallen, Switzerland, present on page 1 a comprehensive discussion on the factors that hinder the excretion of fragments after extracorporeal shock wave lithotripsy. I found this article timely and important, because fragment retention is a common problem after sufficient disintegration of urinary tract calculi, and even those fragments that are asymptomatic may cause future problems to the patient. Fragments will increase in size by 18%, and about 40% of patients with fragment retention will have symptomatic episodes or will require intervention. The authors discussed in depth the role of stone burden, number, composition, and location, as well as renal anatomy, metabolic factors, body mass index, doctors' expertise, plan of treatment, and the quality of lithotriptors as cause of fragment retention. The authors concluded that the main adverse factors for stone clearance are high stone burden, stone location in the lower pole, and anatomical passage hindrance due to unfavorable anatomy, strictures or malformations.

The world experts in the field, Doctors Pecker and Fall, from Sahlgrenska University Hospital, Göteborg, Sweden, present recent progresses on the diagnosis and treatment of interstitial cystitis (IC) on page 10. The authors point out that IC is a heterogeneous syndrome with different histopathological, immunological and neurobiological features, and frequently is divided into two subtypes: the classic "ulcerous" form of interstitial cystitis and the "early" or "nonulcer" form. The differences between the two subtypes are reflected in clinical manifestation and age distribution. The variety of treatment modalities, some of which were developed and proposed by the authors along the years, are reviewed and assessed in this manuscript. The forms of treatment discussed are hydrodistension of the bladder, intravesical instillation therapy, oral medication, transcutaneous electrical nerve stimulation, transurethral resection of diseased bladder tissue, and supratrigonal cystectomy followed by enterocystoplasty and urinary diversion.

Doctor Ertugrul and colleagues, from Marmara University, Istanbul, Turkey, present on page 57 an elegant investigative work on the abnormal expression of p53 protein and histological changes in a rat model of unilateral cryptorchidism. The study confirmed that intraabdominal cryptorchid testes are significantly impaired due to abnormal localization. The authors emphasized that the immunohistochemical positivity for the p53 protein found in the cryptorchid testes suggests a mo-

EDITOR'S COMMENT - *continued*

lecular alteration. Also, because cryptorchidism is considered to be an important risk factor for the subsequent development of testis cancer, and since p53 is highly expressed in testicular tumors, the authors proposed that p53 expression found in this model might indicate an association between cryptorchidism and testicular carcinogenesis.

Doctor Gill and colleagues, from State University of São Paulo, Brazil, present on page 33 an important series of 55 patients with penile epidermoid carcinoma. It was studied the expression of protein p53 in the primary tumor and their metastases. There was no significant correlation between the presence of p53 and the clinical or pathological stage of the tumor. The authors found that high rates of p53 expression correlate with low degrees of cell differentiation, greater biological aggressiveness of the tumor and worse prognosis.

Doctor Dall'oglio and co-workers, from Federal University of São Paulo, Brazil, studied 115 patients with renal cell carcinoma (page 20). Microvascular invasion was observed in 23% of the cases. The authors found that intratumoral microvascular invasion was more frequent in symptomatic and large tumors (> 4 cm) and is associated with higher risk of progression and disease related dead.

Finally, I would like to emphasize that the scientific quality of manuscripts submitted, and eventually accepted for publication, is increasing in each issue, and this is thanks to the effort of our "ad-hoc" reviewers and our national and international consulting editors. Typically, each article is sent to 3 reviewers (at least 2). If we receive conflicting revisions, the article is always sent to 1 or 2 additional reviewers before the editor's decision. Also, since January 2000 the referees' comments are anonymously exchanged between them, when the article is returned for verification of the revision made by the authors. This practice allows the referee to confront the opinion of other referees on the article with his or hers. Also, the referees are always informed on the articles that are rejected based on their comments.

I do believe that the Brazilian Journal of Urology has reached respect from the international community and is now situated among other important urological journals.

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