

# International Braz J Urol

## **EDITOR'S COMMENT**

The July - August 2002 issue of the *International Braz J Urol* presents important contributions from different countries. As always, the Editor's Comments will be close to the list of contents, and will highlight some important papers.

Doctor Paterson and co-workers, from Indianapolis, Indiana, USA, and Petach Tikva, Israel, provide on page 291 a comprehensive discussion on extracorporeal shock wave lithotripsy (ESWL) as monotherapy for renal calculi. The authors state that ESWL remains the predominant therapy for renal calculi. Proper patient selection, with therapy based on a comprehensive evaluation of stone related factors (size, number, location, composition), renal anatomy, and patient clinical factors, will allow the patient to be treated with the most efficient method of achieving a stone-free status with low morbidity. Children, the elderly, patients with hypertension, and patients with impaired renal function, may be at increased risk of ESWL complications and adverse effects, and care should be taken to limit the number and energy of shock waves applied in these special cases. Absolute contraindications to ESWL remain pregnancy, distal obstruction, untreated infection, and uncorrected coagulopathy.

Doctor Prando from São Paulo, Brazil, elegantly demonstrates on page 317 the various applications of CT-virtual endoscopy for the assessment of urinary tract abnormalities, based on the evaluation of 63 patients (49 CT-cystoscopy and 14 CT-pyeloureteroscopy). The author demonstrated that CT-virtual endoscopy is not a competitive technique to conventional endoscopy of the urinary tract; on the contrary, it has been proved a useful complementary tool. He concluded that CT-virtual endoscopy is a useful procedure, particularly in the follow-up of bladder tumors, complementary evaluation of areas of difficult approach by endoscopy, and in the differential diagnosis of intrinsic versus extrinsic lesion of the renal pelvis and ureter.

Doctor Lemos and co-workers, from São Paulo, Brazil, present on page 311, their experience with rigid ureteroscopy in 18 pregnant patients presenting renal colic and indication for treatment of ureteral calculi. Surgical indications were difficult pain control, fever, and presence of uterine contractions. Among the patients submitted to ureteroscopy, the calculi retrieval was possible in all but 1 case, where the calculus was not located by ultrasound, magnetic resonance or ureteroscopy. There were no complications due to the procedure and all pregnancies were carried to full term. The authors concluded that rigid ureteroscopy during pregnancy is efficient and safe. Doctor Segura, from Mayo Clinic, Rochester, USA, a world recognized expert in uteroscopy, provided an excellent editorial comment at the end of the article (page 316).

## **EDITOR'S COMMENT** - *continued*

Doctor Hanus, from Charles University, Prague, Czech Republic, a recognized expert, present on page 338 the current surgical techniques for management of rectourethral fistulas. This is a complex problem, and in most cases, the treatment proceeds in 3 stages (double diversion - urinary and bowel diversion -, closure technique, undiversion). Recent literature review showed that few urologists and general surgeons have attained wide experience in the management of rectourethral fistulas and that no single procedure has been proven most effective or even universally applicable. Recently, the endoscopic approach using biological sealants was used and seems to be promising for selected cases.

Doctor Pereira and colleagues, from State University of Rio de Janeiro, Brazil, report on page 369 an elegant investigative work on volume-weighted mean glomerular volume in spontaneously hypertensive rats treated with different doses of spironolactone. The authors found that monotherapy with spironolactone may affect glomerular size and shape in a dose-dependent way; spironolactone showed a significant effect in preserving volume-weighted mean glomerular volume, and may be used associated with other drugs in antihypertensive therapy to prevent secondary effects of hypertension in the kidney.

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Editor-in-Chief