

International Braz J Urol

EDITOR'S COMMENT

The July - August 2011 issue of the International Braz J Urol presents interesting contributions. The editor's comment highlights some of those papers.

Doctor Agarwal and colleagues, from Center for Reproductive Medicine, Cleveland Clinic, presented a review about health risks associated with the use of cell phone. Recently, evidence from several studies supports a growing claim that cell phone usage may have a detrimental effect on sperm parameters leading to decreased male fertility. Nonetheless, other studies showed no conclusive link between male infertility and cell phone usage. The article comprises a basic description of the cell phone technology and pathophysiological effects of the emitted radiation from cell phone devices on testicular tissues and sperm function.

Doctor Lima and colleagues, from Hospital das Clínicas, Federal University of Pernambuco, evaluated, retrospectively, the results of the implantation of the Periurethral Constrictor in patients with post-prostatectomy urinary incontinence in the long-term follow-up.

Twenty-two patients (39.28%) became socially continent and 34 (60.72%) were incontinent. Complications were urethral erosion in 26.78%; mechanical defect in 3.5%; infection in 3.5%; urinary fistula in 1.7%; urethral in 1.7%. Twenty-three patients needed to have the device removed (41.07%). Success rate (continents and with device in situ) was 30.35%.

Doctor Lucio II and colleagues, from Division of Urology, ABC Medical School, Santo André, Brazil, presented a study about factors and outcomes associated with steinstrasse (SS) after extracorporeal shockwave lithotripsy (SWL). SS was observed in 5.3% of procedures and was more common after SWL for pelviureteral calculi rather than caliceal stones. There was a trend toward more occurrences of SS after SWL for larger stone area ($> 200 \text{ mm}^2$). Preoperative ureteral stent didn't prevent SS. SWL machine, intensity, number of pulses and frequency were not associated with SS formation. The authors concluded that SS is an uncommon event after SWL and seems to occur more frequently with larger pelviureteral stones. Impaction of stones is more frequent in the middle ureter. All patients should be followed after SWL, but SS should be specially suspected if there is macroscopic gravel elimination, flank pain and/or fever.

Doctor Berger and colleagues, from Austria, presented a study to evaluate clinical outcome of placing the AdVance® sling in men with stress urinary incontinence after prostate surgery. In this study the incontinence cure rate was 61.5% and improvement was seen in 26.9%. No improvement was observed in 11.5% of patients. Success rate in patients with prior radiation therapy (20% cure; 40% improvement) was significantly worse.

The authors concluded that the implantation of the AdVance® sling represents an effective and safe treatment option for patients with postprostatectomy incontinence. For patients with radiotherapy after prostate surgery, efficacy seems to be worse.

Doctor El-Melegy and colleagues, from Egypt, described the role of apoptosis in the pathogenesis of DNA damage in semen from men examined for infertility. The study was carried out on 70 men with idiopathic infertility, divided into two groups: thirty infertile non smokers and forty infertile smokers. Each subject provided a seminal sample for analysis of semen parameters, de-

termination of % of DNA fragmentation, s-Fas, caspase-3 activity levels and cotinine levels. The results revealed that infertile men particularly smokers have significantly lower semen variables and significantly higher levels of apoptotic variables in addition to cotinine. The present findings could provide additional evidence supporting the importance of the evaluation of apoptotic markers to test male infertility particularly among smokers.

Doctor Kim and colleagues, from Denver, USA, presented the initial experience of a novel surgical chair for laparoscopic pelvic surgery, the ETHOS™. Survey done by surgeons after the procedures revealed minimal stress on back or upper extremities by the surgeons from these operations even when surgery was longer than 120 minutes. Conversely, the surgical assistants still had issues with their positions since they were on either sides of the patient stressing their positions during the procedure. The authors could conclude that the ETHOS chair system allows the surgeon to operate seated in comfortable position with ergonomic chest, arms, and back supports. These supports minimize surgeon fatigue and discomfort during pelvic laparoscopic procedures even when these procedures are longer than 120 minutes without consequence to the patient safety or detrimental effects to the surgical team.

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