BRAZILIAN JOURNAL OF
UROLOGY

EDITOR'S COMMENT

The March – April 2001 issue of the Brazilian Journal of Urology presents important contributions from USA, Europe, Asia and Brazil. The editor would like to highlight some papers.

Doctors Nudell, Pagani and Lipshultz from Baylor College of Medicine, Houston, Texas, USA, provide on page 105 a thorough presentation on the indications for genetic evaluation of men in a reproductive medicine program. Because in vitro fertilization (IVF) with intracitoplasmic sperm injection (ICSI) bypasses natural selection barriers that normally might prevent genetic disease transmission, nowadays there is a need for genetic evaluation in men with severe defects in sperm production that will undergo IVF with ICSI. Today, the physician has knowledge on how genetic defects such as cystic fibrosis transmembrane regulator gene mutations and Klinefelter syndrome, for example, affect infertile couples and their offspring. In this paper, the authors explore recent genetic advances in male infertility area, and summarize the current indications and the testing available for genetic evaluation in infertile men.

Doctors Beduschi and Wolf Jr. from the University of Michigan, Ann Arbor, Michigan, USA, present on page 120 a discussion on the various available treatments for upper third ureteral stones. The results of treatment with extracorporeal shock-wave lithotripsy (ESWL), retrograde and antegrade ureteroscopy, laparoscopic stone extraction and open surgery were compared. Stones 5 mm or less in diameter have a high probability of spontaneous passage and therefore expectant management remains the treatment of choice. While SWL treatment of stones measuring greater than 1 cm in diameter may require multiple sessions, retrograde ureteroscopy in combination with laser lithotripsy offers greater efficacy and lower overall morbidity. Percutaneous antegrade ureteroscopy remains an attractive option for large or impacted stones. Nowadays, surgical ureterolithotomy is reserved for calculi that are refractory to endoscopic techniques.

Doctor Ather from Aga Khan University, Karachi, Pakistan, shows on page 128 an analysis on the optimal minimally invasive treatment of ureterolithiasis in abdominal, iliac and pelvic ureter, after an important series of 364 cases. Calculi in the proximal abdominal ureter were successfully treated in 92% of the cases by extra-corporeal lithotripsy (ESWL) compared to 75% with intracorporeal lithotripsy (ISWL). Stones in the iliac ureter were only treated by ISWL with a stone free rate of 97%. The stone-free rate for calculi in the pelvic ureter was regularly high (95%) with both ESWL and ISWL.

Doctor Gümüş and co-workers (page 133), from Celal Bayar University, Manisa, Turkey, investigated in 28 patients the effect of terminal renal failure with chronic hemodialysis on prostatic markers: total acid phosphatase (TAP), prostatic acid phosphatase (PAP), prostate-specific antigen (PSA) and free prostate-specific antigen (FPSA). The authors did not find evidence of artefactual elevation of prostatic markers, therefore, these markers remain useful in the routine screening of

men receiving long-term dialysis. Nevertheless, it is important to note that PSA and FPSA levels decreased as the dialysis duration increased.

Doctor Palma and co-workers (page 171) from State University of Campinas, São Paulo, Brazil, compared the tissue reaction when a collagen strip and an autologous aponeurotic fascia were subcutaneously implanted in dogs. The data obtained demonstrated that purified type I collagen presented low inflammatory reaction with the implant being totally reabsorbed after 90 days and substituted by fibrous tissue. After the same period of observation, the autologous fascia was also surrounded by fibrosis but the implant did not totally disappear.

Doctor Silva and co-workers (page 178) from the Federal University of Ceará, Fortaleza, Brazil, evaluated the effects of enteral nutrition therapy (ENT) with and without arginine in rats inoculated with Walker tumor in the kidney. The authors found that enteral nutrition therapy maintained nutritional status and promoted body weight gain, avoiding tumor-induced waste syndrome, reduced the serum levels of lactate and ketone bodies, without inducing tumor growth. Also, it was found that arginine in supplement to ENT decreased the lactacemia and glycemia.

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