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EDITOR'S COMMENT

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

Doctor Siqueira Jr. and colleagues, from Indianapolis, Indiana, USA, reported on page 394 their experience with laparoscopic live donor nephrectomy (LDN) and compared the results to the most recent open donor nephrectomy (ODN) group performed at their institutions. The authors reviewed the records of 70 consecutive left sided LDN and compared the results to 40 ODN. A total of 11 (15%) complications occurred in the LDN group. Of these, 4 (5.7%) were major, with bleeding representing 2 cases; 2 units of blood were transfused to the first patient, and open conversion was performed in both cases. An injury to the spleen leading to splenectomy occurred in 1 case, and the patient needed 3 units of blood. The other major complication was an inadvertent upper ureter transection, managed completely laparoscopically. The open group showed 1 minor and 2 major complications (7.5%). Bleeding during renal pedicle dissection was responsible for both major complications, and no transfusions were needed. The major complication rate both in laparoscopic (4 cases) and open (2 cases) donor groups was similar (5.7% and 5%, respectively). No significant difference in recipient renal function was noted between LDN and ODN groups. The authors found that average blood loss, time to postoperative intake, and hospital stay were statistically significantly better for the LDN group when compared to ODN group. In addition, similar complication rates, and 3-month recipient kidney function were demonstrated. Doctors Kaouk and Gill, from the Section of Laparoscopic and Minimally Invasive Surgery, Urologic Institute, The Cleveland Clinic Foundation, Ohio, USA, provided an important Editorial Comment to this article, which was replied by the authors.

Doctors Kim and Yang, from The University of Chicago, Chicago, Illinois, USA, in a unique original paper studied the prevalence of high-grade prostatic intraepithelial neoplasia (HGPIN) and its relationship to preoperative serum prostate specific antigen (PSA) in 61 prostates removed due to bladder carcinoma (page 413). High-grade PIN was found in 75% of the prostate specimens, including 21 of 21 patients (100%) with prostatic cancer, and 25 of 40 patients (63%) without prostatic cancer. High-grade PIN was classified as "focal" and "extensive", and among the patients with focal HGPIN, 8/26 (31%) had prostatic adenocarcinoma, whereas 13/20 (65%) of the patients with extensive HGPIN had prostatic adenocarcinoma ($p=0.021$). The mean PSA in 21 men with isolated HGPIN (without prostatic adenocarcinoma) was 1.9 ng/mL, and did not correlate with the categorization of PIN as focal or extensive. The authors concluded that the incidence of isolated high-grade PIN was 63%, and that the presence of high-grade PIN does not result in a significant elevation of serum

PSA. Therefore, as stated by Dr. Alvarez-Alvarez in the Editorial Comment, this article points out to the practitioner that isolated HGPIN with increased levels of serum PSA determines the performance of prostatic systematic biopsy to rule out adenocarcinoma.

Doctor Rofeim and co-workers, from Long Island Jewish Medical Center, New York, and Creighton University, Omaha, Nebraska, USA, provided our readers with a most comprehensive discussion on the minimally invasive procedures for the treatment of urethral incontinence and the role for laparoscopy in such treatment (page 403). After an extensive review of laparoscopic suspension and comparison with other minimally invasive techniques, the authors concluded that, at this time, the pubovaginal sling procedure offers the best long-term results with acceptable low complication rates of urinary retention, urgency, and sling erosion or infection. Also, they concluded that until the long-term efficacy of the laparoscopic repair is clearly defined, offering it to patients as a minimally invasive therapy denies them of procedures with superior efficacy.

Doctor Lima and associates, from Federal University of Rio Grande do Sul, Porto Alegre, RS, Brazil, studied on page 452 the urodynamic alterations in patients with HTLV-1 infection. The series included 48 cases; 26 with associated myelopathy (TSP/HAM) and 22 non-TSP/HAM. The authors found that patients infected by the HTLV-1, with or without myelopathy, presented significant urodynamic abnormalities, being hyperreflexic bladder the major urodynamic finding. Only 31% of individuals without myelopathy and only 4.5% of individuals with myelopathy presented normal urodynamic evaluation.

Doctor Srougi and colleagues, from Federal University of São Paulo, Brazil, developed an original technique using ilio-inguinal nerve grafts to repair the cavernous innervation after radical retropubic prostatectomy (page 446). The authors stated that, compared to the previous described sural nerve graft, ilio-inguinal nerve use has some advantages. Doctor Kim, from University of Tennessee, USA, expert in nerve grafting after radical prostatectomy, provided and excellent editorial comment on this article (page 450).

Doctor Lepper and co-workers, from State University of São Paulo, Botucatu, São Paulo, Brazil, presented on page 464 an investigative work on bladder augmentation in rabbits with anionic collagen membrane, with or without urotelial preservation. The animals submitted to bladder augmentation with anionic collagen membrane presented a significant increase in maximal bladder capacity compared to controls. There were neither bladder stones, nor implant extrusion after 12 weeks. The microscopic analysis demonstrated an intense inflammatory reaction in the bladders with urothelium preserved.

In addition to the Editor's Comment, our readers have the privilege of finding many Editorial Comments to the articles of this issue.

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