



The september-october 2012 issue of the International Braz J Urol presents original contributions and editorials from many different countries such as Brazil, USA, China, Republic of Korea, Spain, republic of Ireland, etc., and as usual the editor's comment highlights some papers.

Dr. Hamada and colleagues from Glickman Urological and Kidney Institute, Cleveland Clinic, Ohio, USA and Androfert, Center for Male Reproduction (SCE), Campinas, São Paulo, Brazil, performed on page 576 a elegant review about the diagnosis and management of unexplained infertility. Unexplained male infertility (UMI) is a diagnosis reserved for men in whom routine semen analyses results are within normal values and physical as well as endocrine abnormalities were ruled out. The authors proposed an interesting algorithm for the clinical management of men with UMI and make a great review about the diagnosis of UMI. The authors concluded that proper understanding of the in vivo process of human fertilization and sperm egg interaction in vitro is the key to envisage the sperm functional alterations with tremendous influence on diagnosis and treatment of male subfertility.

Doctor Bahia and colleagues from state university from Rio de Janeiro, Brazil, performed on page 595 a review showing the cost-effectiveness analysis of medical treatment of benign prostatic hyperplasia (BPH) under Brazilian public health system perspective (Unified Health System). The data obtained from the panel showed that the most common drugs used in the treatment of BPH were finasteride, doxazosine and a combination of both. The most frequent surgery performed was transurethral resection of the prostate. This study suggests that the treatment of BPH with finasteride is cost-effective compared to placebo in the scenario of the Brazilian public health system. Combined therapy (doxazosine + finasteride), although lowering more efficiently and rapidly lower urinary tract symptoms, increases significantly the treatment costs.

Doctor Kyu Oh and colleagues from Gachon University Gil Hospital, Incheon, Republic of Korea performed on page 611 a study about the relationships between 2nd to 4th digit ratio (digit ratio) and prostate cancer detection rate and biopsy findings, including Gleason score in 770 men aged 40 years or older that presented with lower urinary tract symptoms (LUTS). The authors concluded that a lower digit ratio is related to an increased detection rate of prostate cancer, a high percentage of core cancer volume and a high Gleason score.

Doctor Liu and colleagues from the West China Hospital, Sichuan University, China performed on page 627 an interesting study about the accuracy of multidetector computed tomography (MDCT) in the preoperative staging of renal cell carcinoma (RCC). They retrospectively reviewed the clinical and pathological records of 312 patients with RCC who underwent staging MDCT before surgery. They concluded that MDCT with a dynamic contrast protocol is able to delineate RCC with high accuracy. However, a great portion of tumors were overstaged by MDCT because of overestimation of tumor size and poor visualization of infiltration of the perinephric fat. In addition, nodal metastatic lesion evaluation relies on node size only and remains a difficult task.



Doctor Gameiro and colleagues from São Paulo State University (UNESP), Botucatu and Health Sciences Center (ECM), Paraná State University, Londrina, Brazil performed on page 661 a study about the pelvic floor muscle (PFM) strength in women with stress urinary incontinence (SUI) and urge urinary incontinence (UUI) in 51 women. They concluded that pelvic floor muscle weakness was significantly higher in women with UUI when compared to SUI.

Doctor Carvalho and colleagues from Urogenital Research Unit – State University from Rio de Janeiro, Brazil, performed on page 674 a interesting basic research about morphologic alterations in the proximal and distal urethral edges from patients submitted to end-to-end bulbar urethroplasty. The authors performed a stereological and biochemical analysis of the urethral edges in 12 patients. The authors concluded that after excision of the stenotic segment to a caliber of 28Fr, the exposed and macroscopically normal urethral edges may present altered amounts of elastic fibers and SMC, but are free from fibrotic tissue. When excising the peri-stenotic tissue, the surgeon should be more careful in the proximal end, which is the most altered.

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Internacional Braz J Urol