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EDITOR'S COMMENT

The March – April 2003 issue of the *International Braz J Urol* presents outstanding contributions from different countries, and the Editor will highlight some important papers.

Doctors Metro and McAninch, from the University of California and San Francisco General Hospital, California, USA, a world experienced team in the field, presented on page 98 a thorough discussion on the current indications and technique on surgical exploration of the injured kidney. The treatment guidelines and algorithms presented by the authors for management of renal trauma are based on a 25-year experience with more than 3,150 renal injuries treated at San Francisco General Hospital. The experience demonstrated that renal exploration was necessary in only 2% of blunt injuries and in 57% of penetrating injuries (42% of stab wounds and 76% of gunshot wounds). Early vascular control yields a high rate of renal salvage, with only 11% of renal explorations requiring nephrectomy in the authors' hands.

Doctor Dall'Oglio and colleagues, from the Federal University of São Paulo, Brazil, discussed on page 106 if the stage T1 for renal cell carcinoma – RCC (classification TNM 1997) must be divided into stages T1a and T1b considering tumors smaller than 4 cm and tumors between 4 and 7 cm, respectively. After evaluating 138 patients in stage T1, the authors demonstrated that RCC smaller than 4 cm are mostly low-grade tumors and rarely present microvascular invasion, or sarcomatous degeneration, nor involve lymph nodes, having probability of survival equivalent to 100% in 3 years. Thus, the conclusion is that the current RCC classification, stage T1, includes tumors of different evolution, being recommendable the stratification into T1a and T1b with a cut level of 4 cm, in order to homogenize the groups and have a better correlation with prognosis. This article represents in fact one more validation for the very recent 2002 TNM staging modification of renal tumors on which the pT1 RCC was substratified in pT1a (tumors less than 4 cm) and pT1b (tumors from 4 to 7 cm).

Doctor Billis and co-workers, from State University of Campinas, São Paulo, Brazil, analyzed the surgical specimens of 118 consecutive prostatectomies (page 113). The authors found that the tumor extent is correlated to preoperative PSA, Gleason score, primary Gleason grade, surgical margins and extraprostatic extension (pT3a and pT3b). They proposed a method to evaluate the tumor extent based on the stereological point-count technique. The method applied and proposed in this study is very simple and may be accessible to all general pathologists working in routine pathology laboratories.

Doctor Rhoden and colleagues, from Federal Foundation Medical School of Porto Alegre, Brazil, evaluated on page 121 the ability of serum concentration of prostate specific antigen (PSA) between 2

cutting points (10 and 20 ng/ml) to predict the existence of bone metastasis confirmed by bone scintigraphy in 214 men with prostate cancer. The authors concluded that PSA serum concentration over 20 ng/mL was a more accurate cutting point than PSA serum concentration over 10 ng/mL to predict the presence of bone metastasis in scintigraphy.

Doctor Esteves and co-workers, from Federal University of São Paulo, Brazil, compared on page 133 the effects of 2 techniques of cryopreservation and dilution/centrifugation after thawing on the sperm motility and vitality. The authors found that for human semen samples with low initial quality, freezing through vapor technique or through the automated technique showed to be equivalent regarding recovery of live spermatozoa with progressive motility. In both techniques, progressive motility is kept constant during the first 3 hours after thawing and removal of the cryoprotector, but is drastically diminished by the end of an incubation period of 24 hours.

Doctor Sá Earp, from Petrópolis School of Medicine, Rio de Janeiro, Brazil, presented on page 151 a very ingenious and easy to construct model for learning and training percutaneous renal surgery.

Doctor Barbagli and co-workers, from the Center for Urethral and Genitalia Reconstructive Surgery, Arezzo, Italy, renowned experts in the field, presented on page 155 the current techniques for bulbar urethroplasty using the dorsal approach. It was discussed the main current techniques, including techniques created by the authors. The authors remind us that any substitution urethroplasty deteriorates over time and in their series of patients, the success rate of dorsal onlay graft urethroplasty decreased from 92% to 85% with an extended follow-up from 21.5 to 43 months.

Doctor Suaid and colleagues, from Ribeirão Preto Medical School, São Paulo, Brazil, studied on page 162 the urethral closing pressure before and following parasympathetic stimulus in normal volunteers and in patients with different degrees of Chagas disease. The authors found that parasympathetic simulation decreased urethral pressure, indicating potential modulation by the parasympathetic system over the sympathetic system.

Once again, I was pleased to verify that the International Braz J Urol continues to grow in acceptance and circulation, and last month the on-line version received 8,600 visits.

Respectfully,

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