

## *EDITOR'S COMMENT*

The July - August 2004 issue of the of the International Braz J Urol presents interesting contributions and as usual the Editor's Comment will be close to the list of contents and will highlight some important papers.

Doctor Kim and colleagues, from Chungbuk National University, South Korea, and University of Pittsburgh School of Medicine, Pennsylvania, USA, world-recognized experts in the field, presented on page 275 their experience with the use of gabapentin to treat symptoms of overactive bladder (OAB) and nocturia in patients who have failed conventional anticholinergic therapy. The authors studied 31 patients receiving gabapentin doses ranging from 100-300 mg at bedtime. Fourteen of 31 patients with refractory OAB and nocturia improved with oral gabapentin. Six patients stopped taking the drug within one month due to side effects mostly described as drowsiness or lethargy. The authors concluded that gabapentin was generally well tolerated and can be considered in selective patients when conventional modalities have failed.

Doctor Faria and co-workers, from McGill University, Montreal General Hospital, Canada, assessed the experience of following without immediate treatment patients presenting biochemical failure as single abnormality after radical external beam radiation for prostate cancer (page 289). After a median follow-up of 77 months, of the 78 patients with biochemical failure followed without initial therapy, 7 died from other causes than prostate cancer and the remaining 71 cases were alive and asymptomatic in the last follow-up. The most significant aspects for considering delayed hormone therapy were low PSA (median 3.9 ng/mL) and a slow PSA doubling time (median 22.5 months). The authors concluded that there seems to be space for expectant management, without initial hormone therapy, in patients with prostate cancer who present biochemical failure and are asymptomatic after radical external beam radiation.

Doctor Mittal and co-workers, from Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, India, analyzed on page 279 whether the NAT2 genotypes are risk factors for bladder cancer and studied the possible association of tobacco usage with NAT2 genotype of these patients. A case control study was undertaken over a period of 19 months and included 101 bladder cancer patients and 110 controls. The NAT2 genotypes were identified by PCR-RFLP method in peripheral blood DNA samples. The authors found that the NAT2 fast or slow acetylators genotype did not associated with the risk of developing bladder cancer in North Indian population when compared with controls. Doctor Ingolf Cascorbi, from University Hospital Schleswig-Holstein, Kiel, Germany, Doctor David W Hein, from University of Louisville School of Medicine, USA, and

Doctor Ralph de Vere White, from University of California Davis, USA, well-known authorities in this topic, provided editorial comments on this article.

Doctor Romero and colleagues, from Santa Casa School of Medicine, São Paulo, Brazil, studied on page 296 the coexistence of prostate neoplasia in patients undergoing radical cystoprostatectomy due to vesical neoplasia. The authors also analyzed if the characteristics of the bladder neoplasia influenced the prostatic involvement. They found that the coexistence of prostatic neoplasia in patients operated for bladder neoplasia was frequent in their sample (55%). Also, it was observed that the prostatic infiltration by bladder tumors occurs more frequently with tumors located in the trigone, with associated in situ carcinoma and with high histological grade. There was no correlation between neoplastic infiltration of the prostate and multifocality or size of the bladder tumor.

Doctor Almeida and colleagues, from State University of Londrina, Paraná, Brazil, through a multivariate analysis, studied the variables predictive of voiding dysfunction following aponeurotic sling surgery (page 302). They reviewed 130 patients ranging in age from 41 to 83 years (mean 56.7) and found that pre-operative presence of post-voiding residual urine higher than 100 mL was the only variable predictive of voiding dysfunction.

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Editor-in-Chief