

# International Braz J Urol

---

## Penile Carcinoma – An Endemic Disease in Developing Countries

The January - February 2007 issue of the International Braz J Urol presents interesting contributions from different countries, and as usual, the editor's comment highlights some papers. Starting with this issue, the editor will choose the subject of an appealing article for title the editor's comment.

Doctor Gonzaga-Silva and co-workers, from Federal University and Cancer Hospital of Ceara, Brazil, studied on page 58 the results of the use of isolated gamma probe for sentinel node penile carcinoma detection and discussed the incidence of false negative rates. Impressive, during the last 5 years, the authors have been identified 3 new cases of penile carcinoma at the cancer hospital, every month. Twenty-seven newly diagnosed penile carcinoma patients (T1, T2, N0) were included in this prospective study. The authors found that isolated gamma probe technique for sentinel node penile carcinoma has a very low sensibility and a high false negative rate and concluded that this isolated technique is unreliable. Prominent experts and pioneers in the field, Dr Simon Horenblas, from the Netherlands Cancer Institute, Amsterdam, The Netherlands, Dr. Curtis A. Pettaway, from the M.D. Anderson Cancer Center, Houston, Texas, USA, and Doctors Dr. Riccardo Autorino, from Seconda Università and Dr. Sisto Perdonà from Istituto Nazionale Tumori, Napoli, Italy, provided excellent editorial comments on this paper, which deserve to be read by all urological oncologists.

Doctor Skalova and colleagues from Departments of Pediatrics and Radiology, Charles University in Prague, Czech Republic, measured on page 80 the urinary N-acetyl-beta-D-glucosaminidase (U-NAG) activity - U-NAG/creatinine ratio in 31 children with hydronephrosis grade 1-4. It was found that U-NAG/Cr was significantly higher in patients with hydronephrosis when compared to reference data, with no relationship with the grade of hydronephrosis. The authors concluded that the U-NAG is a useful marker of renal tubular dysfunction, however its relationship with the degree of kidney damage in patients with hydronephrosis should be considered as doubtful. Recognized experts, Dr. Y. Yang, from China Medical University, Shenyang City, China, Dr. Boris Chertin, from Shaare Zedek Medical Center, Jerusalem, Israel and Dr. David R. Vandersteen, from Mayo Graduate School of Medicine, Minneapolis, Minnesota, USA, provided editorial comments that give a critical analysis on the findings of this manuscript.

Doctor Shefi and collaborators, from University of California San Francisco, California, USA, evaluated on page 50 the recovery of semen quality in a cohort of infertile men after known hyperthermic exposure to hot tubs, hot baths or whirlpool baths. Eleven infertile men exposed to hyperthermia were evaluated pre and post-exposure. Five patients (45%) responded favorably to cessation of heat exposure and had a mean increase in total motile sperm counts of 491%. It was concluded that the toxic effect of hyperthermia on semen quality might be reversible in some infertile men. Also, it was observed that the seminal response to exposure elimination varies biologically among individuals and can be profound in magnitude. Among non-responders, other risk factors that could explain a lack of response to elimination of hyperthermia should be considered. Doctor Dr. Yefim R. Sheynkin, from State University of New York at Stony Brook, New York,

USA, provided editorial comment on this debatable article that was replied by the authors. I recommend all urologists involved in infertility treatment to read this manuscript.

Doctor Tabibi and associates, from Shahid Beheshti University of Medical Sciences, Tehran, Iran, presented on page 19 their results on a randomized clinical trial of percutaneous nephrolithotomy with and without retrograde pyelography. Fifty-five patients with opaque renal calculi were randomized into 2 groups, noncatheterized (n = 28) and catheterized (n = 27). No difference in outcome, postoperative fever, duration of surgery, duration of hospital stay and radiation exposure was observed between the 2 groups. Dr. Anuar I. Mitre, from Sao Paulo University Medical School, Brazil and Dr. Hassan A. Razvi, from University of Western Ontario, London, Ontario, Canada, provided editorial comments that give balance on the findings of this provocative article.

Doctor McLaughlin and co-workers, from The University of North Carolina at Chapel Hill, USA, retrospectively evaluated on page 25 patients undergoing radical cystectomy (RCx) with regard to pathologic outcomes and degree of upstaging to better identify features that may lessen clinical understaging. Of the 141 patients evaluated, 54% were upstaged on operative pathology. The greatest degree of upstaging occurred in those with invasive disease preoperatively (cT2-T3). Twenty-six percent of all patients had node-positive disease, and 75% of cT3 patients were node-positive. Seven of 101 (7%) patients with clinical T2 disease were unresectable at the time of surgery. Impressive, is the finding that in the more modern cohort, the degree of upstaging was not improved. The authors concluded that pathologic findings after RCx often do not correlate with preoperative staging. Over half of patients undergoing cystectomy are upstaged on their operative pathology. Dr. M. Manoharan, from the Bladder Cancer & Neobladder Center, University of Miami, Florida, USA, provided editorial comment on this article.

Doctor Romero and colleagues, from The Johns Hopkins Medical Institutions, Maryland, Baltimore, USA, described on page 94 an experimental work on a simplified experimental technique for total laparoscopic gastrocystoplasty in a porcine model. After performing laparoscopic gastrocystoplasty on 10 animals, the authors concluded that total laparoscopic gastrocystoplasty is a feasible but complex procedure that currently has limited clinical application. Dr. Jose R Colombo Jr., from the Section of Laparoscopic and Robotic Surgery, Cleveland Clinic Ohio, USA, commented on this article.

  
**Francisco J.B. Sampaio, M.D.**  
Editor-in-Chief