

Objective: Bladder cancer (BCa) is a disease of older persons, the incidence of which is expected to increase as the population ages. There is controversy, however, regarding the outcomes of radical cystectomy (RC), the gold standard treatment of high-risk BCa, in patients of advanced chronological age. The aim of our study was to assess the impact of patient age on pathological characteristics and recurrence-free and disease-specific survival following RC.

Methods: The records of 888 consecutive patients who underwent RC for transitional cell carcinoma (TCC) were reviewed. Age at RC was analyzed both as a continuous (yr) and categorical (< or =60 yr old, n=240; 60.1-70 yr old, n=331; 70.1-80 yr old, n=266; >80 yr old, n=51) variable. Logistic regression and survival analyses were performed.

Results: Higher age at RC, analyzed as a continuous or categorical variable, was associated with extravesical disease and pathological upstaging (all $p < 0.02$). Older patients were less likely to receive postoperative chemotherapy (< or =60 yr: 32% vs. >80 yr: 14%, $p = 0.008$). In both pre- and postoperative multivariate models, higher age at RC as a categorical variable was associated with BCa-specific survival ($p < 0.05$). Patients >80 yr old had a significantly greater risk of disease recurrence than patients aged < or =60 yr ($p < 0.05$).

Conclusion: Greater patient age at the time of RC for BCa is independently associated with adverse outcomes. Better understanding of factors associated with postoperative outcomes in this growing segment of the population is necessary. Prospective corroboration and further refinement of similar analyses in other large datasets is needed.

Editorial Comment

This manuscript gives the results of 888 patients from 4 large centers in the USA and Canada on bladder cancer in the elderly. Some figures may recall the aggressivity of bladder cancer in general e.g. 48% had non-organ confined disease, 42% had pathological upstaging.

Higher age was associated to worse prognostic factors such as risk of extravesical disease and pathological upstaging. In spite of more advanced disease, older patients were significantly less likely to receive adjuvant chemotherapy. The comment of M. Brausi to this paper is also advocated reading as it dissects the present bias in patient selection. In summary, this paper confers mainly well-known facts to urologists, still it is worthwhile reading as it may remind you not to wait too long to proceed with radical therapy as time may not play in favor of your elderly patients.

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NEUROUROLOGY & FEMALE UROLOGY

Comparison of Diagnostic Criteria for Female Bladder Outlet Obstruction

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Purpose: There is no universally accepted definition of bladder outlet obstruction in women. We compared 5 contemporary urodynamic definitions and determined how well they correlated with each other and with clinical suspicion of bladder outlet obstruction.

Materials and Methods: A total of 154 women who underwent videourodynamics were prospectively evaluated. Clinical obstruction was suspected when history, physical examination, symptoms and basic testing before urodynamics raised the suspicion. Women were classified as having obstruction based on 5 contemporary definitions, including 3 pressure flow cutoff point criteria, videourodynamic criteria and the Blaivas-Groutz nomogram. The McNemar Test was used to compare each definition to the others and to suspicion of clinical obstruction.

Results: Of the women 91 were evaluable, including 26 (29%) with obstruction by videourodynamic criteria, 28 (31%) with obstruction by 1998 cut point criteria, 18 (20%) with obstruction by 2000 cut point criteria, 13 (14%) with obstruction by 2004 cut point criteria and 38 (42%) with obstruction by the Blaivas-Groutz nomogram. Videourodynamic and 1998 cut point criteria were not significantly different from each other (78.9% concordance) and each agreed with the clinically obstructed category in the comparison. Compared to the other criteria, the Blaivas-Groutz nomogram overestimated obstruction, while 2004 cut point criteria tended to underestimate it.

Conclusions: Each urodynamic definition of female bladder outlet obstruction has merit. Videourodynamic criteria and 1998 cut point criteria have the highest concordance. The Blaivas-Groutz nomogram overestimates obstruction compared to the other criteria. Therefore, it should not be used as the sole or standard definition of obstruction in women.

Editorial Comment

The authors prospectively reviewed a cohort of women who had clinical suspicion of bladder outlet obstruction. The patients underwent a full evaluation including fluoroscopic urodynamic studies. The data obtained was applied to five definitions for female bladder outlet obstruction. The application results were then compared to each other and then to the clinical situation at hand.

This is an excellent study was well planned and very illustrative of the difficulty in diagnosing bladder outlet obstruction in women in an absolute manner. The authors point out the challenge in diagnosing bladder outlet obstruction in females who have a current neurologic diagnosis or who do not generate a detrusor contraction during their urodynamic study. In addition, the results and discussion highlight the importance of combining clinical suspicion, physical examination, urodynamic evaluation as well as radiographic imaging during the diagnostic process. In our practice, though we incorporate multiple variables similar to this article in the evaluation of female bladder outlet obstruction, we do rely to a pronounced degree on the radiographic imaging during the patient's micturitional cycle. This is definitely a reference article for the urologic surgeon, especially those involved in tertiary evaluations in female urology.

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Female Sexual and Hormonal Status in Patients with Bronchial Asthma: Relationship with Respiratory Function Tests and Psychological and Somatic Status

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Objectives: To assess the relationship among the sexual, hormonal, physical, and psychological status of women with bronchial asthma (BA) compared with that of healthy volunteers.

Methods: Thirty-eight women with BA were enrolled in the study. The patients were asked to complete the Female Sexual Function Index, General Health Questionnaire, and Medical Outcomes Study Short Form 36-item Health Survey (SF-36). Using the answers on the SF-36, the mental and physical component summary scores were calculated. A total of 20 healthy women were enrolled in the study as the control group. The same questionnaires were given to this group as well. Statistical analysis was performed using the Mann-Whitney U test and Pearson correlation tests.

Results: At the end of the study, statistically significant differences were observed for all questionnaire scores ($P < 0.05$). The most common female sexual dysfunction was diminished arousal ($n = 30$, 78.9%) in women with BA. In the correlation analysis, the total Female Sexual Function Index score had a statistically significant and positive correlation with the mental component summary score ($r = 0.503$, $P = 0.001$) and a negative correlation with the General Health Questionnaire score ($r = -0.380$, $P = 0.020$).

Conclusions: The results of our study have shown that BA, as a chronic medical condition, can be a cause of female sexual dysfunction with mental and psychiatric mechanisms.

Editorial Comment

The authors reviewed the association of bronchial asthma (BA) upon female sexual function and dysfunction. The study cohort consisted of 38 married, pre-menopausal women with a diagnosis of bronchial asthma and a control group of 20 healthy women who were also married and pre-menopausal. According to the American Thoracic Society, patients with bronchial asthma did suffer from symptoms of shortness of breath, wheezing and coughing. Patients were excluded if they were older than 50 years old or if their husbands had a sexual dysfunction. The questionnaire forms utilized did encompass quality of life, psychological status as well as sexual status. The female sexual function index included the categories of arousal, desire, orgasm, lubrication, pain and satisfaction. The authors found that the most common sexual problem associated with bronchial asthma was diminished arousal. They do note that though the initiation of sexual activity in women with bronchial asthma was difficult, if arousal and interest could be achieved then successful intercourse could be completed.

The topic of female sexual dysfunction is very popular in both the lay press as well as with professional study. This study excellently explores the effect of chronic disease upon a woman's sexual being. The authors do note that a positive mood and well being were the most important parameters controlling sexual activity in women. In view that there have been findings of difference in qualitative and quantitative difference in visually evoked sexual arousal between pre-menopausal and menopausal without bronchial asthma it would be interesting to see if this was mirrored in the population with bronchial asthma (1). In addition, in view that all the patients in this study were married, it would be of both scientific interest and great social commentary to see if a study cohort of unmarried women were more easily aroused than ones who were married when exposed to visual erotic stimuli and the areas of the brain affected (2).

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PEDIATRIC UROLOGY

Inflammation of the Testis and Epididymis in an Otherwise Healthy Child: Is it a True Bacterial Urinary Tract Infection?

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Purpose: The exact etiology of acute gonadal inflammation (EO) in children is unknown. Bacterial infection and underlying urological abnormalities are thought to be the main causes, and hence antibiotic treatment and further invasive urinary tract imaging studies are usually recommended. The purpose of this study was to assess the role of bacterial infection in pediatric acute EO.

Materials and Methods: We retrospectively searched our electronic medical archive for children under the age of 18 years with the diagnosis of acute EO between 1997 and 2002. Patients' charts were retrieved and reviewed for clinical and laboratory data.

Results: During 1997–2002, 193 patients with acute EO were treated. There were two subgroups according to the results of urinary cultures: 182 children (94.3%) had negative urine cultures and 11 (5.7%) had positive cultures. In the negative culture group, the mean age was 9.8 ± 3.2 years (0.5–17). Medical history for urological disease was negative in all patients. Presenting symptom was scrotal pain in 165 (90.7%), and only three patients (1.6%) had accompanying urinary symptoms. Physical examination was normal besides tender gonad. Urinalysis was completely normal in 169 (92.9%) patients. Scrotal Doppler ultrasound (US) demonstrated non-specific inflammatory process in 146 patients (80%), in nine (5%) torsion of the appendix testis was documented and in 27 (14.8%) scrotal US was normal. Follow up was available in 40% all of whom had an uneventful recovery with normal physical examination. In the positive culture group of 11 patients, the mean age was 11 ± 6.7 years (3 months to 16 years), and eight patients (73%) had a known congenital urological abnormality. Presenting symptom was pain in five (45.4%) and pain with swelling in six (55.6%). Accompanying dysuria, frequency and urgency occurred in eight (72.7%) patients. Urinalysis was abnormal in 10 (90.9%). US demonstrated increased blood flow to the gonad in 10 (90.9%).

Conclusions: Negative history for urological disease, absence of urinary symptoms and normal urinalysis make the diagnosis of bacterial EO unlikely. In this setting, once testicular torsion was excluded, there is no justification for antimicrobial treatment or further imaging of the urinary tract.