

## Re: Results of Novel Strategies for Treatment of Wilms' Tumor

Silvio Tucci Jr, Adauto J. Cologna, Haylton J. Suaid, Elvis T. Valera, Luis F. Tirapelli, Edson L. Paschoalin, Antonio C. Martins

*Division of Urology, Ribeirao Preto Medical School, University of Sao Paulo, Ribeirao Preto, Sao Paulo, Brazil*

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To the Editor:

Multimodality treatment, including chemotherapy, has resulted in a significant improvement in the survival of children with Wilms' tumor (WT), from approximately 30% in the 1930s to more than 85% in the modern era (1). This excellent work by Tucci and associates shows the results of treatment of 53 children with WT, that were treated according to protocols of the Brazilian Wilms' Tumor Study Group, exception made to 16 cases with stage I tumor, who received a short duration postoperative treatment with vincristine. This group of patients showed a disease-free survival rate of 100% in a median time of 101 months. On the other hand, the overall and disease-free survival of 10 patients with recurrent WT at 5 years was only 42.8%.

The results of this report are comparable to others in the literature, that support the use of less-aggressive adjuvant chemotherapy for patients with low stage disease (1,2). As most children in this group had favorable histology, no conclusion can be obtained regarding the influence of this important aspect, since favorable histology seems to be another factor that enables stratification of patients for a reduced chemotherapy in all stages of the disease, including stage-1 (2).

The authors also describe unsuccessful results of re-treatment of children who relapse after initial treatment. More recent works, however, show a significant improvement of long term survival (up to 60%) in such patients who are treated with inten-

sive-dose salvage chemotherapy regimes including ifosfamide, carboplatin and etoposide, as well as autologous hematopoietic stem-cell rescue (3).

Further improvement in adjuvant therapy regimes can also be obtained by neoadjuvant chemotherapy, that concomitantly enables a technically easier and safer surgical removal of the tumor, without the risks and hazards of tumor spillage (4,5).

The aim of clinical trials nowadays is to reduce chemotherapy for children with low-risk tumors, therefore reducing its side effects, and to improve it in patients with high-risk Wilms' tumor, including those with anaplastic, bilateral and recurrent tumors (1,6).

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***Dr. F. Tibor Denes***

*Division of Urology*

*University of Sao Paulo Medical School*

*Sao Paulo, SP, Brazil*

*E-mail: f.c.denes@br2001.com.br*

## **Re: Prevalence and Associated Factors of Enuresis in Turkish Children**

Cuneyt Ozden, Ozdem L. Ozdal, Serkan Altinova, Ibrahim Oguzulgen, Guvenc Urgancioglu, Ali Memis

*Department of Urology, Numune Education and Research Hospital, Ankara, Turkey*

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To the Editor:

In this article, the authors aimed to determine the prevalence and associated factors of enuresis in Turkish children and tried to identify common methods of enuresis management. The sample was drawn using a short but detailed and clear questionnaire distributed to the parents of 1,500 school children aged 6-12 years, covering five schools selected randomly, with a high response rate (89%).

Although their overall prevalence of nocturnal enuresis is apparently comparable with previously published epidemiological surveys, the importance of the study is that it demonstrates that enuresis is a frequent disorder in childhood, also in Turkey, although many medical doctors and parents still under-

estimate this issue. The traditional concept is that most cases of enuresis are caused by a developmental immaturity of voiding control, and most enuretic children will ultimately acquire normal control with increasing age.

The authors stated that the prevalence of enuresis decreased with age; of the 6-year-old children, 30.8% still wetted their beds, while none of those aged 12 years did so. These results might suggest a very high spontaneous resolution rate but the figures have to be interpreted with caution since only a small number of children in the age group 6 and 12 (n = 13 and 34 respectively) are a major limitation of this study.