

International Braz J Urol

EDITOR'S COMMENT

Extended Prostate Biopsy

The September – October 2008 issue of the International Braz J Urol presents interesting contributions from many different countries, and as usual, the editor's comment highlights some papers.

Doctor Nesrallah and co-workers, from University of Sao Paulo Medical School, Brazil, compared on page 563 the advantage of performing prostate biopsy with a greater number of cores using the classic sextant procedure. The authors obtained 100 prostates from consecutive radical prostatectomies performed by the same surgeon. Fourteen cores were obtained on the bench following surgery using an automatic pistol with an 18-gauge needle. Six of these cores were obtained according to the sextant technique, as classically described, and additionally three lateral cores from each lobe and one from the bilateral transition zone were also obtained. An analysis of the frequency of the cancers identified in the cores of the sextant and the extended biopsies was undertaken by the same pathologist and the results were evaluated comparatively. The authors found that when 6 cores were removed, the positive cancer rate was 75%, which was increased to 88% when 14 cores were obtained ($p < 0.001$). They concluded that extended biopsy, with the removal of 14 cores, is more efficient than the sextant procedure in improving the rate of prostate cancer detection. Dr. Brian J. Moran, from Chicago Prostate Center, Westmont, Illinois, USA, provided editorial comment on this article.

Doctor Navai and colleagues, from Northwestern University, Chicago, Illinois, USA, presented on page 594 a single institutional experience of intra and postoperative complications following urethral reconstructive surgery, and the impact of these complications on overall results. After 153 consecutive urethral reconstructive procedures performed on 128 patients by the same surgeon, the complication rates were determined. Overall, the authors found in 23 of 153 cases (15%) an intra or postoperative complication with a mean follow-up time of 28.3 months. They concluded that complications following reconstructive surgery for urethral stricture disease were mostly related to infection or repair breakdown in the immediate postoperative period. It does not appear that an intra or postoperative complication following urethral reconstructive surgery impacts the chance of eventual stricture recurrence at intermediate follow-up. Dr. Antonio Macedo Jr, from Federal University of São Paulo, Brazil and Dr. Sean P. Elliott, from University of Minnesota, Minneapolis, MN, USA, provided critical editorial comments on this article.

Doctor Mousavi, from Mazandaran University of Medical Sciences, Sari, Iran, presented on page 609 his experience with tubularized incised plate (TIP) urethroplasty in re-operative hypospadias repairs or repair in circumcised children. After reviewing 17 children referred for hypospadias re-operation, he found 4 (30.7%) complications of TIP re-operation, being 2 meatal stenosis, one stenosis with small fistula and one dehiscence. Re-operation was necessary in only one patient. The author concluded that TIP urethroplasty is


EDITOR'S COMMENT - *continued*

a suitable method for treating primary and re-operative cases. It can also be used successfully in patients, who do not have a healthy skin flap and in circumcised patients when there is a lack of foreskin. Interesting editorial comments on this work were provided by Dr. Marco Castagnetti, from University Hospital of Padova, Italy, Dr. Alchiede Simonato & Dr. Matteo Orlandini, from University of Genoa, Italy, Dr. Kimihiko Moriya, from Hokkaido University Graduate School of Medicine, Sapporo, Japan, and Dr. Maike Beuke, from Asklepios-Klinik Harburg, Germany.

Doctor D. Kyriazis and collaborators, from University Hospital of Heraklion, Greece, and Freie Universitaet Berlin, Germany, reviewed and evaluated on page 617 the anatomical definitions of perinatal extravaginal torsion (EVT) of the testis. They made an extensive review of the literature and analyzed the appearance of twisted testes obtained during surgery for 14 cases of EVT. They found that the most commonly accepted suggestions describe an EVT within dartos muscle that includes all layers of spermatic cord or an EVT outside parietal layer of tunica vaginalis within internal spermatic fascia. However, both of them were found inadequately documented, while a large volume of controversial data has been accumulated, that raises doubts regarding the validity of such definitions. The gross appearance of twisted testes failed to confirm both an EVT including all layers of the spermatic cord and also an EVT outside tunica vaginalis as possible mechanisms of torsion. Dr. Francisco Tibor Dénes, from University of Sao Paulo, Brazil, Dr. Feilim Murphy, from St George's Hospital, London, UK and Dr. Ahmed H. Al-Salem, Maternity and Children Hospital, Dammam, Saudi Arabia, provided interesting editorial comments on this manuscript.

Doctor Hendlin and Monga from University of Minnesota, Minneapolis, MN, USA, analyzed on page 546 the ability of percutaneous balloons to expand under different radial constrictive forces. Three 30F nephrostomy balloons were tested: Bard X-Force™, Boston Scientific Microvasive Amplatz Tractmaster™, and Cook Ultraxx™. With a super stiff guidewire in place, the balloon tip was secured by elevated vice grips on either side of the balloon. The authors found that all balloons were unable to reach 90% of their expected diameter with larger constrictive loads. Only the Bard and Cook balloons reached at least 90% of the expected diameter. Our reviewers provided editorial comments on this on the bench work.

Doctor Basok and colleagues, from Istanbul Goztepe Training and Research Hospital, Turkey, evaluated on page 577 the outcome of bipolar energy by using PlasmaKinetic™ cystoscope instruments in the treatment of urethral stricture and bladder neck contracture. After studying 22 male patients with urethral stricture and 5 with bladder neck contracture treated by endoscopic bipolar vaporization, they found a success rate of 77% for urethral stricture at mean follow-up time of 14.2 months and 60% for bladder neck contracture with a mean follow-up time of 12.2 months. They conclude that it could be considered as a new therapeutic option for the endoscopic treatment of urethral stricture and bladder neck contracture. Dr. A. Abou-Elela, from Cairo University, Nasr City, Egypt and Dr. Massimo Lazzeri, from Casa di Cura Santa Chiara, Firenze, Italy, provided balanced editorial comment on this article.


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