

# International Braz J Urol

## EDITOR'S COMMENT

### Cystectomy in Hispanics with Bladder Cancer

The November – December 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 Manoharan and colleagues from University of Miami, Florida, USA, assessed on page 691 the presentation and outcome of patients undergoing radical cystectomy (RC) for bladder cancer. After studying 448 RC, 67 (17%) patients were categorized as Hispanic and the others as non-Hispanic. The authors found that Hispanics who undergo RC presented with higher stage disease, nevertheless, no significant difference in overall survival was observed. Doctor Ornellas, from National Cancer Institute, Brazil, provided an editorial comment on this paper.

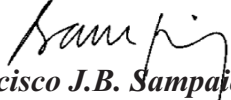
Doctor Enayat and co-workers, from Sanandaj University, Iran, determined on page 699 the prevalence of asymptomatic urinary tract infection (AUTI) among pregnant women, as well as the antibacterial susceptibility of the isolates. Of 1505 pregnant women studied, 134 (8.9%) had bacteriuria. The authors found that *Escherichia coli* is the predominant organism, with 79 cases (58.96%), followed by *CN Staphylococcus* in 22 (16.8%). Most strains of *Escherichia coli* showed that they were resistant to ampicillin, tetracycline and gentamicin. Dr. K. Stamatiou, from University of Crete, Greece, Dr. Fiona Smaill, from McMaster University, Canada and Dr. Richard Colgan & Dr. Hengqi Zheng, from University of Maryland, USA, provided interesting editorial comments on this paper.

Doctor Sikiru and co-workers, from Jimma University, Ethiopia, investigated on page 708 the therapeutic efficacy of transcutaneous electrical nerve stimulation (TENS) in the symptomatic management of chronic prostatitis pain/chronic pelvic pain syndrome. Twenty-four patients diagnosed with chronic prostatitis- category IIIA and IIIB of the National Institute of Health Chronic Pain (NIH-CP) were referred for physiotherapy from the Urology department. Pre treatment pain level was assessed using the NIH-CP (pain domain) index. The TENS group received TENS treatment, 5 times per week for a period of 4 weeks (mean treatment frequency, intensity, pulse width and duration of 60Hz, 100 $\mu$ S, 25mA and 20 minutes respectively). The Analgesic group received no TENS treatment but continued analgesics; the Control group received no TENS and Analgesic but placebo. Post-treatment pain level was also assessed using NIH-CP pain index. The results revealed significant effect of TENS on chronic prostatitis pain ( $p < 0.05$ ) and it was concluded that TENS is an effective means of non-invasive symptomatic management of chronic prostatitis pain. Dr. J. R. Yang, from Central South University, Changsha, China and Dr. Rodney U. Anderson, from Stanford University School of Medicine, California, USA, provided important editorial comments on this innovative manuscript.

## **EDITOR'S COMMENT** - *continued*

Doctor Ferreira and associates, from University of Campinas, Brazil, evaluated on page 725 the effectiveness of the sentinel lymph node biopsy using lymphoscintigraphy in patients with penile cancer and at least one negative inguinal region. They studied 18 patients by biopsy of the sentinel lymph node from 32 negative inguinal regions and performed modified radical lymphadenectomy in these regions regardless of the biopsy results. The sentinel lymph node presented 0% false negative 66% sensitivity, and 79.3% specificity when compared with the modified inguinal lymphadenectomy as the gold standard treatment. The authors concluded that sentinel lymph node biopsy is a feasible method of assessing the presence of regional metastasis in patients with penile cancer and clinically negative inguinal regions. Dr. M. Tobias-Machado & Dr. Eduardo S. Starling, from ABC Medical School, SP, Brazil, Dr. Antonio A. Ornellas, from National Cancer Institute, RJ, Brazil and Dr. Philippe E. Spiess, from Moffitt Cancer Center, University South Florida, USA, provided interesting editorial comments on this manuscript.

Doctor Seseke and collaborators from Georg-August-University, Gottingen, Germany, assessed on page 715 the long-term outcome of patients with clinical stage I non-seminomatous germ cell testicular cancer (NSGCT I). The authors studied 52 patients and after orchiectomy, 39 patients were treated with chemotherapy, 7 patients underwent retroperitoneal lymph node dissection and 6 were managed with surveillance strategy. Tumor specific overall mortality was 3.8%. The mortality and relapse rate of the surveillance strategy, retroperitoneal lymph node dissection and chemotherapy was 16.7% / 50%, 14.3% / 14.3% and 0% / 2.5% respectively. The authors concluded that in case of doubt, adjuvant chemotherapy should be the treatment of choice, as it provides the lowest risk of relapse or tumor related death. Dr. S. D. Beck, from Indiana University, USA and Dr. Dalibor Ondrus, from St. Elisabeth Cancer Institute, Bratislava, Slovak Republic, provided editorial comments on this article.

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