

International Braz J Urol

EDITOR'S COMMENT

doi: 10.1590/S1677-55382010000600001

Radiology Page

It is my great pleasure to announce that with the November-December 2010 issue of the International Braz J Urol we are launching the new Radiology Page Section. Doctor Erich K. Lang, Professor of Radiology and Urology and urologist from John Hopkins Medical Institution, Baltimore, Maryland, USA, will be Editor of the Radiology Page. This section will focus on the value of imaging examinations toward solution of urologic problems. Doctor Lang is a very experienced and active radiologist in urology and I am confident that this new section will be very useful to our readers.

As usual, the November-December 2010 issue of the International Braz J Urol presents original contributions and editorials from many different countries, such as USA, Germany, France, Brazil, Thailand, England, Saudi Arabia, Jordan, South Africa, Turkey, Greece, and the editor's comment highlights some papers.

Doctor Zarrabi and colleagues from University of Stellenbosch and Tygerberg Hospital, South Africa, designed on page 738 a simple and cost-effective system for gaining rapid and accurate calyceal access during percutaneous nephrolithotomy. The design consists of a low-cost, light-weight, portable mechanical gantry with a needle guiding device. Using C-arm fluoroscopy, two images of the contrast-filled renal collecting system are obtained: at 0-degrees (perpendicular to the kidney) and 20-degrees. These images are relayed to a laptop computer containing the software and graphic user interface for selecting the targeted calyx. After many experimental puncture in pig kidney, the authors concluded that the mechanical gantry system described is low-cost, portable, light-weight, and simple to set up and operate. C-arm fluoroscopy is limited to two images, thus reducing radiation exposure significantly. The tests showed an extremely high degree of accuracy in gaining precise access to a targeted renal calyx.

Doctor Stamatiou and co-workers, from University of Crete, Greece, compared on page 724 the efficacy and safety of ESWL in a group of 26 children submitted to ESWL by using the electrohydraulic MPL 9000X Dornier lithotripter between 1994 and 2003 and a group of 19 children submitted to ESWL with the electromagnetic EMSE 220 F-XP Dornier lithotripter from April 2003 to May 2006. In the first group, 21/26 children (80.7%) were stone free at first ESWL session. Four children (15.3%) failed to respond to treatment and were treated with ureteroscopy. In the second group 18/19 children were completely stone free at first ESWL session (94.7%). Complications in the second group were less frequent. Statistical analysis showed that electromagnetic lithotripter is more efficacious and safer than the earlier electrohydraulic model. The authors concluded that technological development not only has increased efficacy and safety of lithotripter devices in treating pediatric lithiasis, but it also provided less painful lithotripsy by eliminating the need for general anesthesia.

Doctor Al-Ghazo and colleagues, from the Jordan University of Science and Technology, Irbid, Jordan, defined on page 685 a group of patients with newly diagnosed prostate cancer, whose risk of bone metastasis is low enough to omit a bone scan staging study. They reviewed retrospectively the medical records

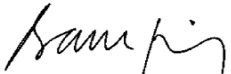
EDITOR'S COMMENT - *continued*

of patients who were newly diagnosed with prostate cancer. The data included age, digital rectal examination, serum prostate-specific antigen (PSA), Gleason score, clinical T stage, and bone isotope scan. Two groups were studied, according to the results of bone isotope scan; positive group and negative group. After studying 98 patients they found that all patients with clinical T1-2 stage, a Gleason score of < 8 and PSA ≤ 20 ng/mL, the bone isotope scans were negative. In univariate analysis, PSA (> 20 ng/mL) and Gleason score (> 7) were independently predictive of positive bone scan, while clinical stage was not. The authors concluded that staging bone scan could be omitted in patients with a PSA level of ≤ 20 ng/mL, and Gleason score < 8 . Doctor Kang, from Chonnam National University, Republic of Korea, provided an interesting editorial comment on this article.

Doctor Branco and collaborators, from Red Cross Hospital, Parana, Brazil, confirmed on page 718 the feasibility of the laparoendoscopic Pfannenstiel nephrectomy using conventional laparoscopic instruments. They performed five nephrectomies by using this new technique. The median operative time was 100 minutes and median intraoperative blood loss was 100 cc. No intraoperative complications occurred and no patients required blood transfusion. The median length of hospital stay was 1 day. It was concluded that Pfannenstiel incision for laparoscopic nephrectomy seems to be feasible even when using conventional laparoscopic instruments, and can be considered a potential alternative for traditional laparoscopic nephrectomy. Doctor Mitre from University of Sao Paulo, Brazil commented on this paper.

Doctor Dall'Oglio and colleagues, from University of Sao Paulo Medical School compared on page 670 patients who were treated toward the end of the 20th century to those treated during the beginning of the 21st century with regard to renal cell carcinoma (RCC) size and type of surgical treatment. The study included 226 patients and for analysis of tumor size, the cut point was < 4 cm and > 4 cm. For analysis of type of surgery performed, it was considered radical and partial nephrectomy. After the turn of the century, there was a reduction of 1.57 ± 0.48 cm in the size of the RCC that was operated on. Nephron sparing surgeries were performed in 17% of the cases until the year 2000, and 39% of the tumors were < 4 cm. From 2001, 64% of the tumors measured < 4 cm and 42% of the surgeries were performed using nephron-sparing techniques. Mean tumor size was 5.95 cm (± 3.58) for the cases diagnosed before year 2000, and cases treated after the beginning of 21st century had a mean tumor size of 4.38 cm (± 3.27). Dr Spiess from H. Lee Moffitt Cancer Center, Florida, USA, provided an editorial comment on this manuscript.

Doctor Venugopal and collaborators, from Albany College of Pharmacy and Health Sciences, NY, USA, determined on page 749 the direct effect of a grape suspension on the response of mitochondria to the oxidative effects of hydrogen peroxide. Six male rabbits were anesthetized with sodium pentobarbital and the bladders excised. Four full thickness strips were obtained for contractile studies and the balance separated into smooth muscle and mucosa compartments by blunt dissection. The effect of hydrogen peroxide on the contractile response to field stimulation was quantitated. Each tissue was homogenized and the effects of increasing concentrations of hydrogen peroxide in the presence and absence of grape suspension on citrate synthase activity was determined. Citrate synthase activity was significantly higher in the mucosa than in the muscle. The grape suspension had no effect on control citrate synthase activity. However, the grape suspension provided significant protection of both smooth muscle and mucosal citrate synthase activity. This study supports the conclusion that the grape suspension provides direct protection of mitochondrial function. Doctor Valentini, from Université Pierre et Marie Curie, Paris, France, provided an editorial comment.


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