

Editorial Comment

Patients with positive lymph nodes after radical prostatectomy should receive hormonal therapy, this is common urological knowledge. Should patients with positive lymph nodes also receive adjuvant radiotherapy? This question was addressed in a large retrospective matched-pair study. 76% of N+ patients received adjuvant hormonal therapy alone and 24% received both adjuvant hormonal therapy and radiotherapy.

Interestingly, and of large clinical importance, the authors found survival advantages in favour of adjuvant radiotherapy in all subgroups analyzed. The results of this study should give cause for an appropriate prospective trial and may result in a shift of current clinical recommendations.

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NEUROLOGY & FEMALE UROLOGY

Correlations between pretransplant dialysis duration, bladder capacity, and prevalence of vesicoureteral reflux to the graft

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Background: Urinary bladder capacity is reduced in patients undergoing long-term dialysis, which may increase the risk of vesicoureteral reflux (VUR) to a transplanted kidney. This study investigated the correlations between dialysis duration, pretransplant and posttransplant bladder capacity, and prevalence of VUR to the graft.

Methods: Voiding cystography was performed in 101 adult renal transplant recipients without neurogenic disorders immediately before and 1 year after transplantation to evaluate bladder capacity and VUR. Nonstented extravesical antireflux ureteroneocystostomy was performed in all patients.

Results: The median dialysis duration and pretransplant bladder capacity were 32 months (range 1-426 months) and 120 mL (range 15-450 mL), and 21 patients (20.8%) underwent dialysis for more than 120 months, and 30 patients (29.7%) had a pretransplant bladder capacity of less than 80 mL. Dialysis duration was correlated with pretransplant bladder capacity ($R = 0.466$, $P < 0.001$). Bladder capacity expanded more than 6-fold from pretransplantation to posttransplantation, and all recipients had a bladder capacity greater than 150 mL at 1 year posttransplantation. Thirty patients had VUR to the graft. Dialysis duration longer than 60 months ($P = 0.021$) and pretransplant bladder capacity of less than 130 mL ($P = 0.024$) were associated with VUR. VUR was associated with lower graft function.

Conclusions: Although bladder capacity decreased because of long-term dialysis, it exceeded 150 mL at 1 year posttransplantation. A small bladder can be used in renal transplantation, but it may increase the risk of VUR.

Editorial Comment

This paper by Inoue et al. is of special interest for those who attend kidney transplant patients. It provides valuable information on the outstanding recovery capacity of defunctionalized bladders, which may have a pretransplant volume as low as < 50 mL but can potentially achieve a more than 6-fold increase at 1 year posttransplantation. All patients ended up with a > 150 mL bladder capacity following transplantation.

On the other hand, patients with low bladder capacities, notably those below 80 mL, and dialysis lasting longer than 60 months were shown to be at higher risk of developing post operative high grade vesicoureteral reflux (VUR).

Although not a consensus in medical literature, this study showed an association of VUR and decreased renal graft function at one year follow-up.

These data should raise some important thoughts: the need to speed up renal transplantation in an effort to avoid a longer than 60 months period of dialysis; a higher suspicion for VUR in patients who present a very low (< 80 mL) bladder capacity before transplant; and finally, we should rethink the need to routinely perform urodynamics in the preoperative planning of kidney transplant candidates, as it may provide valuable prognostic data.

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Mid-term complications after placement of the male adjustable suburethral sling: a single center experience

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Purpose: In recent years various sling systems have been proposed as a successful treatment option for male stress urinary incontinence. Reports about complication rates and failures are still scarce.

Materials and Methods: We systematically reevaluated 29 male patients who received an Argus® suburethral sling for stress urinary incontinence between October 2006 and July 2007.

Results: Overall 24 patients (83%) experienced a total of 37 complications at a median follow-up of 35 months (range 29 to 45), including 10 (35%) in acute urinary retention. The sling was removed in 10 patients (35%) due to urethral erosion (3), infection (2), system dislocation (2), urinary retention (2) and persistent pain (1). Eight men (27%) complained of significant perineal pain, necessitating continuous oral analgesics. In 1 patient ureteral reimplantation was done due to ureteral erosion from a dislocated sling. At follow-up only 5 men (17%) remained dry while 21 (72%) were dissatisfied with the clinical outcome. No available clinical variables were statistically significantly associated with any grade or high grade complications even on univariate analysis.

Conclusions: In our study cohort the Argus suburethral sling was associated with serious mechanical and infectious complications, and sparse functional results with negative impact on patient quality of life. Based on the results of this study significant changes are warranted in the sling system and in the implantation technique.