

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.

Editorial Comment

This report by Dalpiaz and cols. is strikingly important. They present a 35 month follow-up of male patients with SUI who underwent Argus sling placement. Their data point out an unacceptably high rate of complications (83%) of which more than half (58%) were grade 3 according to the Clavien system. Seventy-two percent of patients referred dissatisfaction with treatment. Only 17% remained dry, although 79% of subjects were dry when discharged home after the procedure, which shows the non sustainable efficacy of the device.

Ninety three percent of the studied population was classified as having a moderate / severe incontinence according to the number of pads used which may have influenced the low success rate. But the high complication rate obviates a need to review not only the device but the surgical technique for implantation itself.

Other reports on the Argus system are encouraged in order to corroborate these findings, but a red flag must be raised.

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GERIATRIC UROLOGY

Age-adjusted validation of the most stringent criteria for active surveillance in low-risk prostate cancer patients

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Background: The authors tested the performance of the currently used clinical criteria reported in populations studied by van den Bergh et al. and Carter et al. for the selection of patients with prostate cancer (PCa) for active surveillance (AS) according to age.

Methods: Data were analyzed from 893 patients who underwent with radical prostatectomy (RP). The authors investigated the rates of unfavorable PCa at RP (extracapsular extension, seminal vesicle or lymph node invasion, or Gleason score 7-10) in patients who fulfilled AS criteria according to age tertiles (ages \leq 63 years, 63.1 to 69 years, and $>$ 69 years). Area under the plasma concentration time curve (AUC) analyses tested the criteria for predicting unfavorable PCa. Then, the patients were stratified according to the cutoff age of 70 years. Multivariate analyses were used to test the role of age in predicting unfavorable PCa.

Results: The rate of unfavorable PCa characteristics was between 24% and 27.8%. In the van den Bergh et al. population, after age 70 years, the rate of unfavorable PCa characteristics was 41% compared with 23.2% and 24.1% in patients in the previous age tertiles (ages \leq 63 years and 63.1 to 69 years, respectively). In the Carter et al. population, the rate of unfavorable PCa was 41.2% compared with 17.3% and 18.6% in the previous age tertiles (ages \leq 63 years and 63.1 to 69 years, respectively). When the 70-year age cutoff was used, unfavorable PCa was identified in 17.9% to 23.6% of patients aged $<$ 70 years versus 4% to 41.2% of patients aged $>$ 70 years (all $P < .001$). AUC analyses revealed significantly lower performance in older patients. In multivariate analyses, after adjustment for prostate-specific antigen, prostate volume, and the number of cores, age represented an independent predictor of unfavorable PCa.