

International Braz J Urol

EDITOR'S COMMENT

The November - December 2011 issue of the International Braz J Urol presents interesting contributions.

The editor's comment highlights some of those papers.

Dr. Valentini et al, from France, determined the relationships between phasic (P) and terminal (T) detrusor overactivity (DO) with age, urodynamic findings and sphincter behavior during involuntary detrusor contraction in woman. Steady sphincter during both P and T detrusor overactivity, and occurrence of TDO appear as specific of aging. The last result could be related to structural changes in the detrusor muscle with aging.

Dr. Fontenete et al, from Portugal, evaluated the efficacy of the urinary detection of PCA3 mRNA and PSA mRNA without performing the somewhat embarrassing prostate massage. They also intended to optimize and implement a methodological protocol for this kind of sampling. The urine samples from 57 patients with suspected prostate disease were collected, without undergoing prostate massage. RNA was extracted by different methods and a preamplification step was included in order to improve gene detection by Real-Time PCR. It was observed an increase in RNA concentration with the use of TriPure Isolation Reagent. Despite this optimization, only 15.8% of the cases showed expression of PSA mRNA and only 3.8% of prostate cancer patients presented detectable levels of PCA3 mRNA. The use of a preamplification step revealed no improvement in the results obtained. This work confirms that prostate massage is important before urine collection for gene expression analysis. Since PSA and PCA3 are prostate specific, it is necessary to promote the passage of cells from prostate to urinary tract, in order to detect these genetic markers in urine samples.

Dr. Glina et al, from Brazil, compared the efficacy and safety of parecoxib versus an nsNSAID in subjects with acute renal colic. A Phase i.v., multicenter, double-blind, noninferiority, active-controlled study was performed. 338 subjects with acute renal colic were randomized to parecoxib 40 mg i.v. plus placebo (n = 174) or ketoprofen 100 mg i.v. plus placebo (n = 164). The authors demonstrated that Parecoxib was as effective as ketoprofen in the treatment of pain due to acute renal colic, was well tolerated and had a comparable safety profile.

Dr. Terrell et al, from USA, evaluated whether cytology provides additional diagnostic information in patients with a negative NMP22® BladderChek® test (BladderChek) and negative cystoscopy. They performed subset analyses of 2 large prospective multi-center databases evaluating BladderChek for UCB detection and surveillance. These cohorts were analyzed for presence of cancer and result of urine cytology in setting of a negative cystoscopy and negative BladderChek. Based on their results the authors concluded the in patients with negative cystoscopy and BladderChek, very few cancers are missed and cytology was not effective in detection. Use of a point-of-care test in conjunction with cystoscopy in lieu of cytology could decrease cost, provide immediate results, improve negative predictive value and reduce the uncertainty that results from inconclusive cytologic results.

Dr. Miriam Dambros
Editor in Chief
International Braz J Urol