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EDITOR'S COMMENT

The November - December 2005 issue of the *International Braz J Urol* presents interesting contributions, and as usual, the Editor's Comment highlights some important papers.

Doctor Billis and co-workers, from State University of Campinas, São Paulo, Brazil, analyzed on page 534 the relationship of age to outcome and clinicopathological findings in men submitted to radical prostatectomy. The authors compared patients aged 55 years or younger and 56 years or older and they did not find statistically significant difference for all variables studied, that is, preoperative PSA, Gleason score, Gleason predominant grade, tumor extent, positive surgical margins, extraprostatic extension and seminal vesicle invasion. Also, there was no difference in the time to biochemical progression between men aged 55 years or younger and 56 years or older. The authors concluded that age alone do not influence the biological aggressiveness of prostate cancer.

Doctor Favorito and colleagues, from State University of Rio de Janeiro, Rio de Janeiro, Brazil, quantified the distribution of collagen and analyzed the seminiferous tubules diameter in the testis of patients with cryptorchidism, to verify if the previous use of human chorionic gonadotrophin (hCG) affects these structures (page 562). The authors found that hCG use in the cryptorchidism could delay, at least temporarily, a progressive growth of fibers of collagen system. They did not find statistically significant difference in the seminiferous tubular diameters between treated and nontreated patients. Doctor F Cahit Tanyel, from Hacettepe University, Ankara, Turkey and Doctor Seppo Taskinen, from Helsinki University, Finland, well-known experts in the field, provided interesting editorial comments on this paper.

Doctor Amaro and co-workers, from State of São Paulo University, UNESP, Botucatu, SP, Brazil, evaluated on page 579 the histopathological and immunohistochemical alterations induced by detrusor instability in the bladder of rabbits submitted to partial bladder outlet obstruction. They found that partial obstruction resulted in a 2.5 fold increment in bladder weight when compared to controls (significant). Also, there are alterations in the smooth muscle and the epithelium of the rabbits' bladder. The authors concluded that detrusor instability induced by partial bladder outlet obstruction caused significant histopathological and immunohistochemical alterations in the bladder of rabbits. Doctor Waldemar S Costa, from the Urogenital Research Unit, Rio de Janeiro, Brazil, provided an editorial comment on this article.

Doctor Truzzi and colleagues, from Federal University of São Paulo, SP, Brazil, evaluated on page 569, if there is any difference in sensitive and motor bladder response in the presence of solutions with different osmolarities, simulating physiological extremes of urinary osmolarity.

After studying 24 men and 9 women, the authors found that the infusion of the hyperosmolar/hypo-osmolar solution generated the following results, when comparing patients without vs. with detrusor hyperactivity: initial sensation of vesical filling (mL): 167.5 / 159.2 vs. 134.9 / 157.3 ($p > 0.05$); volume of occurrence of the first involuntary bladder contraction (mL): 163.9 / 151.9 ($p > 0.05$); detrusor micturition pressure (cm H2O): 24.0 / 24.4 vs. 13.8 / 27.5 ($p > 0.05$). Based on these findings, the authors concluded that vesical filling with solutions simulating extreme urinary osmolarities, accomplished with similar speed and without previous identification, did not likewise alter the sensitive and motor urodynamic behavior in the current study.

Doctor Tobias-Machado and colleagues, from ABC School of Medicine, São Paulo, Brazil, described on page 526 their experience with hand-assisted laparoscopy (HAL) as an option for the treatment of large renal specimens. It was analyzed 13 patients candidates to nephrectomies due to benign renal conditions with kidneys larger than 20 cm. Mean operating time was 120 ± 10 min for hydronephrosis, 160 ± 28 min for pyonephrosis, and 190 ± 13 min for bilateral surgery for adult polycystic kidney disease. There was a need for a conversion in 1 case and another patient needed a transfusion due to a lesion in the renal vein; 2 patients had minor complications. The authors concluded that HAL surgery could be a minimally invasive alternative in the treatment of large renal specimens, with or without significant inflammation.

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