

International Braz J Urol

EDITOR'S COMMENT

Ileal Neobladder for Women with Interstitial Cystitis

The July - August 2007 issue of the International Braz J Urol presents interesting contributions from different countries, and as usual, the editor's comment highlights some papers.

Doctor Kochakarn and co-workers, from Mahidol University, Bangkok, Thailand, reported on page 486 their experience with cystectomy and ileal neobladder for women suffering from interstitial cystitis (IC). The authors studied 35 patients with the mean age of 45.9 ± 4.4 years. All of them had experience of suprapubic pain with irritative voiding symptom and were diagnosed as having IC based on NIDDK criteria for at least 2 years. Conservative treatments had failed to relieve their symptoms; therefore, all of them agreed to undergo a bladder removal. All patients reached good treatment outcome with regard to both diurnal and nocturnal urinary control without any pain. Quality of life using SF-36 questionnaire showed significant improvement of both physical health and mental health. Spontaneous voiding with minimal residual urine was found in 33 cases (94.3%), and 2 cases (5.7%) had spontaneous voiding with residual urine and lived with clean intermittent catheterization. Twelve out of 30 cases with sexually active ability had a mild degree of dyspareunia but without disturbance to sexual life. The authors concluded that bladder substitution by ileal neobladder for women who suffer from IC could be a satisfactory option after failure of conservative treatment. Doctor Philip M. Hanno, from University of Pennsylvania, Philadelphia, USA, provided editorial comment on this paper.

Doctor Paez and colleagues, from Fuenlabrada Hospital and other three centers at Madrid, Spain, assessed on page 502 the patient satisfaction and functional results at long term follow-up after surgical correction for Peyronie's disease (PD) and congenital penile curvature (CPC) with the technique of tunical plication. One hundred and two men operated for PD ($n = 76$) or CPC ($n = 26$) in four different departments of urology in public hospitals agreed to answer a six-question telephone questionnaire about treatment satisfaction. Tunica albuginea plication procedures represented the standard surgical approach. Significant differences between patients with CPC and PD were noticed in the prevalence of postoperative penile deformity, sensory changes, erectile dysfunction and ability to complete vaginal intromission, PD patients always showing a more pessimistic view. The authors concluded that long-term outcome after surgical correction for PD and CPC with the technique of tunical plication can be poor. Probably patient expectations are above the real performance of surgical techniques and therefore, preoperative information should be more exhaustive. Doctor Kimihiko Moriya, from Hokkaido University, Sapporo, Japan, Doctor Geng-Long Hsu, from Taiwan Adventist Hospital, Taipei, Taiwan, China and Doctor T. John, from Wayne State University, Detroit, MI, USA, well-known experts in the field, provided important editorial comments on this paper.

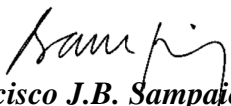
Doctor Foinquinos and co-workers, from State University of Pernambuco and Federal University of Sao Paulo, Brazil, developed an additional reconstructive option using tunica vaginalis grafts placed dorsally, for the treatment of anterior urethral strictures (page 523). A total of 11 patients with anterior urethral

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strictures were treated with a tunica vaginalis graft urethroplasty. The authors described their surgical technique and presented that with a follow-up ranging from 7 weeks to 5 months, all patients were voiding well, showing a uroflowmetry greater 14 mL per second. It was concluded that this initial experience indicates that tunica vaginalis dorsal graft urethroplasty may be considered within the reconstructive armamentarium of genitourinary surgeons. Doctor Deepak Dubey, from Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, India and Doctors Guido Barbagli & Massimo Lazzeri, from the Center for Reconstructive Urethral Surgery, Arezzo, Italy, experts in the field, provided balance and interesting comments on this paper.

Doctor El-Tantawy and colleagues, from National Organization for Drug Control and Research, Cairo, Egypt, investigated on page 554 the effect of Tribulus alatus extracts on free serum testosterone in male rats. All tested extracts showed significant increase in the level of free serum testosterone when compared to that of corresponding control, and, therefore, it was concluded that Tribulus alatus extract appears to possess aphrodisiac activity due to its androgen increasing property. Doctor Q. T. Yang, from Shantou University Medical College, Shantou, China and Doctor Nina Atanassova, from Institute of Experimental Morphology & Anthropology, Sofia, Bulgaria, provided editorial comments on this paper.

Doctor Kaygisiz and collaborators, from Ankara Numune Education and Research Hospital, Ankara, Turkey, investigated on page 470 predictor factors for prostate biopsy and probe insertion pain. Seventy-one patients who were undergoing prostate biopsy without anesthesia were included in the study retrospectively. Pain had been assessed with visual analogue scale (VAS 0-10). Digital rectal examination (DRE) pain was analyzed for biopsy and probe insertion pain. The authors found that DRE pain was related to both probe pain and biopsy pain, and concluded that although the level of pain during DRE determines patients in need of local anesthesia, since the number of patients with moderate-severe pain is rather big, it seems efficient in determining the patients in need of additional anesthesia due to probe pain. Doctor Joe Philip, from Leighton Hospital, Crewe, United Kingdom, and Doctor Mark S. Soloway, from University of Miami, Florida, USA, provided editorial comments.


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