

# International Braz J Urol

## **EDITOR'S COMMENT**

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The March - April 2011 issue of the International Braz J Urol presents original contributions from different countries. Below, the editor's comment highlights some of those papers.

Doctor Mafra and colleagues, from ABC School of Medicine, Santo André, Brazil, presented a study to determine the frequency of genetic alterations in a population of Brazilian infertile men with severe oligozoospermia or non-obstructive azoospermia. In that study, 143 infertile men with severe oligozoospermia or non-obstructive azoospermia underwent a genetic study comprising karyotype analysis and Y-microdeletion investigation. Genetic abnormalities were found in 18.8% of the studied subjects. Chromosomal abnormalities were found in 6.2% of the patients, being more prevalent in the azoospermia group (11.6%) than in the oligozoospermia group (4%). Chromosomal variants were found in 8.3%, and Y-chromosome microdeletions in 4.2% of the patients. The authors concluded that there is a possible relationship between genetic abnormalities such as chromosomal aberrations/variants and Y-chromosome microdeletions and non-obstructive azoospermia and severe oligozoospermia. It suggests that such patients should be karyotyped and receives counseling before they are referred for assisted reproduction technique. Dr. Sandro Esteves, from Androfert, Campinas, Brazil, provided an editorial on this paper.

Doctor Ferronha and colleagues, from São Jose Hospital, Lisboa, Portugal and Service d'Urologie Hôpital Bichat, Paris, France, compared the peri-operative, short-term and long-term post operative results of radical retropubic prostatectomy, laparoscopic radical prostatectomy and robotic assisted laparoscopic prostatectomy in the most recent studies evaluable. Based on the literature the conclusion was that no one surgical approach is superior in terms of functional and early oncologic outcomes. Potential advantages of any surgical approach have to be confirmed through longer-term follow-up and adequately designed clinical studies. Dr. Mauricio Rubinstein, Dr. Matvey Tsivian, Dr. Alexander Tsivian and Dr. Lisias N. Castilho provided interesting editorials on this paper.

Doctor Ghalayini and colleagues, from King Abdullah University Hospital - Jordan University of Science & Technology - Irbid, Jordan, evaluated the prophylactic potential of herbal decoction from *Rubus idaeus*, by assessing the effect of administration in experimentally induced calcium oxalate (CaOx) nephrolithiasis in mice. Group I was used as a negative control. Group II was only given daily intra-abdominal injection of glyoxylate and group III and IV were given 100 mg/kg/day and 200 mg/kg/day of aqueous extract of *R. idaeus* by gavage, respectively in addition to glyoxylate injection. The authors suggested that the *Rubus idaeus* has a prophylactic effect on CaOx stones in nephrolithic mice. There is a possible role of lipid peroxidation in CaOx stone formation which may has a relationship with the major risk factors in urine including oxalate, calcium, phosphorus

## **EDITOR'S COMMENT** - *continued*

and malondialdehyde. Dr. Ricardo Miyaoka, from State University of Campinas, Campinas, Brazil, provided an editorial on this paper.

Doctor Koifman and colleagues, from Mario Kröeff Hospital, Souza Aguiar Municipal Hospital and National Cancer Institute, determined epidemiological characteristics of penile cancer in Rio de Janeiro, its associated risk factors and clinical manifestations. Between 2002 and 2008, they evaluated 230 patients. Grade I tumors were present in 87 (37.8%) of the patients, grade II in 131 (56.9%) and grade III in 12 (5.3%). Lymphovascular embolization was observed in 63 (27.3%) and koilocytosis in 124 (53.9%) patients. Of the total, 41.3% had corpora cavernosa or corpus spongiosum infiltration, and 40 (17.4%) had urethral invasion. Prophylactic lymphadenectomy was performed on 56 (36.1%), therapeutic lymphadenectomy on 84 (54.2%) and hygienic lymphadenectomy for advanced disease on 15 (9.7%) patients. Dr. Fernando Korkes, Dr. Philippe E. Spiess and Dr. Leonardo Oliveira Reis provided editorials on this paper.

Doctor Palma, from State University of Campinas, Brazil, performed a critical review on the Arc to Arc minisling (Palma's technique). The initial results were encouraging, with 9/10 patients cured at the 6 weeks post-operative visit. However, infection and extrusion of the minisling resulted in sling extrusion and removal, with 5 patients remaining cured at 12 months. The author concluded that the Arc to Arc minisling was a good concept, but failed because of the poor technology available at that time. Dr. Peter Petros provided an editorial on this paper.

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Editor-in-Chief