

International Braz J Urol

EDITOR'S COMMENT

Epididymo-Testicular Descent

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

Doctors Hadziselimovic and Adham, from the Kindertagesklinik, Liestal, Switzerland, and Institute of Human Genetics, University of Gottingen, Germany, evaluated on page 407 the epididymal development in *Insl3*-deficient mice. Heterozygous and homozygous *Insl3* mutants of a mixed CD1 X 129/Sv genetic background were generated by breeding *Insl3*^{-/-} females with *Insl3*^{+/-} males, and their genotypes were determined by polymerase chain reaction. On the first postnatal day, newborn males were sacrificed, embedded in paraffin, and studied with histochemistry and immunohistochemistry. The authors found an arrest in the development of the epididymis in all homozygous mice. The cauda and corpus of the epididymis were undersized. Compared to the heterozygous epididymis, the homozygous epididymis had fewer peritubular layers and dwarfish musculature. The authors stated that the defective development of the smooth musculature in the epididymis of *Insl3* homozygous mutant mice, combined with its high intraabdominal undescended position, supports previous observations regarding the importance of intact epididymis morphology and function for descent of the epididymo-testicular unit. Doctor Tanyel, from Hacettepe University, Ankara, Turkey, and Dr. Taskinen, from University of Helsinki, Finland, provided interesting editorial comments on this paper.

Doctor Taskinen and colleagues, from the Hospital for Children and Adolescents, Helsinki University, Helsinki, Finland, presented on page 395 the preliminary results in the treatment of urinary incontinence due to sphincter insufficiency with mini-invasive collagen sling procedure. They studied patients with myelomeningocele (n = 8), bladder exstrophy (n = 3), tethered spinal cord (n = 1) and epispadia (n = 1), who underwent sling procedure with porcine dermis acellular collagen matrix. The median age was 15.5 (range 8.9-27.5) years. The median leak point pressure increased from 21.5 (range 5-25) cm H₂O to 85 (range 70-100) cm H₂O. At 1 month, 8 patients, and at 6 months, 3 patients, out of 13 patients were dry. At 12 months, none out of 11 patients was completely dry. The authors concluded that although immediate results were promising in neuropathic incontinence, the results seem to deteriorate to unacceptable low level already during the first year. The authors advised that in exstrophy patients the results are generally poor. Doctor Albouy, from the Rouen University Hospital, France, Dr. Pereira, from the University Hospital La Paz, Madrid, Spain, Dr. Stein, from the Johannes Gutenberg University, Mainz, Germany, and Dr. Snodgrass, from the University of Texas, USA, provided important editorial comments on this paper.

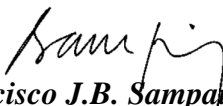
Doctor Nakamura and co-workers from the University of Florida, Jacksonville, USA, assessed on page 347 the utility of enoxaparin in prevention of venous thromboembolism (VTE) in the immediate post-operative period after a radical retropubic prostatectomy (RP). All patients were started on enoxaparin 40 mg

EDITOR'S COMMENT - *continued*

subcutaneously 6-8 hours postoperatively and daily while hospitalized. In addition to RP, 41 men (87%) underwent a pelvic lymph node dissection. Median operative time was 231 minutes. Median estimated blood loss was 700 mL. Two patients developed pulmonary embolism requiring long-term anticoagulation. There were no mortalities. The authors concluded that in men non-compliant with pneumatic compression stockings, initiation of enoxaparin in the immediate postoperative setting was well tolerated and maintained a low (4%) rate of VTE. Thus, enoxaparin may be useful in adjunct with PCS in these patients. Doctor Uemura, from the Kinki University, Osaka, Japan and Doctor Daniela Poli, from the Thrombosis Center, Florence, Italy, provided editorial comments on this manuscript.

Doctor Paez and colleagues, from the Hospital De Fuenlabrada, Madrid, Spain, identified on page 330 the parameters associated with postoperative complications within 30 days in 1,420 consecutive patients operated on an outpatient basis for urological diseases. Postoperative course was complicated in 5% of the patients. Discharge schedule was not completed in 1.1% while unplanned visits resulted in admission in 0.5%. The authors concluded that ambulatory urological surgery could be safe in terms of postoperative complications. It was advised that surgery under general anesthesia, or a higher diagnosis-related group (DRG) relative-weight procedure, increased the risk of complications compared to surgery under regional or local anesthesia or lower DRG relative weight operations.

Doctor Weiland and collaborators, from the University of Minnesota, Minneapolis, USA, conducted on page 313 a prospective randomized single-blind comparison of two nephrostomy catheter designs (8.3F pigtail nephrostomy tube or 8.2F nephroureteral stent), evaluating specifically intraoperative placement and postoperative comfort. The authors concluded that following percutaneous nephrolithotomy, the use of a small pigtail nephrostomy tube results in greater ease of placement and less postoperative pain than a nephroureteral catheter. Doctor Schick, from Gehrden, Germany, Dr. Munver, from Hackensack University Medical Center, Hackensack, New Jersey, USA, and Dr. Turna, from Ege University, Izmir, Turkey, provided important editorial comments on this paper.


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