



Prostate Cancer: Prognosis and Recurrence

The May-June 2013 issue of the International Braz J Urol presents original contributions and editorials from many different countries such as Brazil, Korea, United Kingdom, Italy, Germany, Canada, Turkey, Colombia and USA. In this number we had several papers about prostate cancer and some of these papers will be highlights in our comments.

Doctor Novaes and colleagues from Federal University of Bahia and Federal University of São Paulo, Brazil, performed on page 305 a systematic review about single scrotal incision. The majority of cryptorchidic testes are in the superficial inguinal pouch of Denis Browne. The inguinal procedure requires two incisions. In this study the authors make a review about the scrotal incision to treat cryptorchidism and they conclude that Single scrotal incision orchiopexy proved to be an effective technique and is associated with low rates of complications.

Dr. Billis and colleagues from State University of Campinas (Unicamp), São Paulo, Brazil, performed on page 320 an elegant study about the adenocarcinoma on needle prostatic biopsies. The aim of this study is to establish any possible relation of reactive stroma grading on needle prostatic biopsies to biochemical recurrence and they conclude that increasing reactive stroma grade on biopsies is significantly associated with several clinicopathologic adverse findings, however, only grade 3 predicts time and risk to biochemical recurrence following radical prostatectomy on univariate but not on multivariate analysis.

Doctor Pontes-Junior and colleagues from University of São Paulo Medical School, Brazil, performed on page 335 a study about the correlation between Beta1 integrin expression and prognosis in clinically localized prostate cancer. The aim of this study was to evaluate the expression of $\beta 1$ integrin in



localized PC and to correlate the pattern of expression with recurrence after surgical treatment. The authors concluded that the loss of $\beta 1$ integrin immune expression was correlated with biochemical recurrence in patients treated with radical prostatectomy for localized prostate cancer.

Doctor Mazaris and colleagues from Lister Hospital in United Kingdom performed on page 364 a study about the transurethral resection and the risk of recurrence in superficial and invasive bladder cancer. The aim of this study was to determine which factors contributed to the absence of tumor in our series of radical cystectomy patients. The authors concluded that four factors were identified in our study to contribute towards a pT0 cystectomy result. Those included the absence of lymphovascular invasion, the completeness of transurethral resection, the experience of the surgeon and the use of a standardized technique for the transurethral resection. The time to cystectomy in this paper did not have a negative effect on pT0 final pathology result.

Doctor Sammon and colleagues in a multicentric study, performed on page 377 an interesting study about the Robot-assisted (RAPN) vs. Laparoscopic Partial Nephrectomy (LPN). The authors concluded that RAPN has supplanted LPN as the predominant minimally invasive surgical approach for renal masses. Perioperative outcomes after RAPN and LPN are comparable. Interpretation of these findings needs to take into account the lack of adjustment for case complexity and surgical expertise.

Doctor Karaman and Colleagues from Haydarpasa Numune Training and Research Hospital, Istanbul, Turkey performed on page 402 a interesting study about the Punishment Implemented by Families to Enuretic children. The authors studied more than 500 children and concluded that a quite high proportion of enuretic children were detected to be exposed to punishment methods. Even, some parents consider that these methods are a part of nocturnal enuresis treatment.

Doctor Sayeg and colleagues from Federal University of Sao Paulo, Brazil performed on page 414 a translational study in rabbits about the integration of collagen matrices into the urethra when implanted as onlay graft and they



concluded that Natural heterologous matrices implanted in the urethra as onlay graft were not incorporated into its walls but were able to fully restore the cell architecture of the organ, regardless of being seeded or not with autologous muscle cells.

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