

Renal Malignancy and Inferior Vena Cava Thrombus

The November – December 2009 issue of the International Braz J Urol presents interesting contributions from many different countries, and as usual, the editor's comment highlights some papers.

Doctor Katkoori and colleagues, from University of Miami, Florida, USA compared on page 652 the clinical presentation and outcome of right vs. left renal cell carcinoma with inferior vena cava (IVC) thrombus. They studied 87 patients who underwent radical nephrectomy and IVC thrombectomy between 1997 and 2008. Sixty patients (69%) had a right sided tumor. Mean tumor size was 10.2 (\pm 4) cm and was not significantly different on either side. Fifty-six percent of right sided tumors had level-III (intra-hepatic) or higher tumor thrombus, while 22% of left sided tumors had similar level thrombus extension ($p < 0.0001$). Nearly 50% of left sided tumors showed level-I thrombus compared to 10% of right side tumors. The authors concluded that a level-III IVC tumor thrombus is more frequently seen with a right side tumor. However, clinical and operative characteristics among the left and right sided tumors with IVC thrombus were not different. More significantly, recurrence rate and survival did not differ with the laterality of the tumor. Dr. Antonio A. Ornelas, National Institute of Cancer, Rio de Janeiro, Brazil, provided editorial comment on this article.

Doctor Chade and co-workers, from, Memorial Sloan-Kettering Cancer Center, New York, USA, presented on page 640 an important critical review on effectiveness and safeness of intravesical therapies in the management of non-muscle-invasive urothelial carcinoma of the bladder. Despite over 30 years of research and clinical experience, the mechanism, risks, benefits, and optimal regimens and treatment algorithms remain unclear. Although immunotherapy with bacillus Calmette-Guerin has been the mainstay of intravesical treatment and represents a significant advance in the interaction of immunology and oncology, its clinical effectiveness is accompanied by a wide range of adverse events. The authors reviewed the literature on intravesical immunotherapy and chemotherapy with the aim of evaluating the clinical utility of the different treatments and providing recommendations. Dr. Philippe E. Spiess, from H. Lee Moffitt Cancer Center, Tampa, Florida, USA, provided important highlights on this topic.

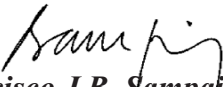
Doctor Amaro and colleagues, from Paulista State University, evaluated on page 658 the prevalence of metabolic disorders in patients with staghorn calculi from central region of São Paulo State, Brazil. Among 630 patients with lithiasis, 5.9% (37/ 630) had staghorn calculus and among these, 48.6% (18/37) were diagnosed with urinary tract infection. The females were predominant (94.5% of cases) and the calculi were unilateral in 31 cases and bilateral in six. Metabolic abnormalities were found in 68.2% of patients with hypercalciuria (64.2%) and hypocitraturia (53.3%) being the most common disorders. The authors concluded that the presence of metabolic disorders in nearly 70% of patients with staghorn calculus reinforces the neces-

EDITOR'S COMMENT - *continued*

sity for evaluation of these patients. The diagnosis and treatment of identified metabolic abnormalities can contribute to the prevention of recurrent staghorn calculi.

Doctor Whitson and collaborators, from University of California San Francisco, California, USA, investigated on page 664 the ability of UroVysion™ to assess response to intravesical therapy in patients with high risk superficial bladder tumors. The authors retrospectively identified 41 patients in whom 47 cycles of induction and 41 cycles of maintenance intravesical therapy were given during the study period. This yielded a total of 88 treatment and evaluation cycles. Median follow-up was 9 months per induction (range 1-21 months) and 13 months per patient (range 1-25 months). A total of 133 urine samples were collected for UroVysion™ of which 40 were positive. Based upon standard clinical evaluation, 41 biopsies were performed which detected 20 recurrences. UroVysion™ testing performed immediately upon completion of therapy for the 41 patients undergoing biopsy yielded a sensitivity, specificity, and accuracy of 85%, 61%, and 71%. It was concluded that the use of UroVysion™ during intravesical therapy for high-risk superficial bladder tumors is useful upon completion of therapy to identify patients at high risk of refractory or recurrent disease who should undergo immediate biopsy under anesthesia. Dr. T. Hajdinjak, from Center UROL, Maribor, Slovenia and Dr. Ellen C. Zwarthoff, Erasmus Medical Center, Rotterdam, The Netherlands, provided editorial comments on this manuscript.

Doctor Grise and colleagues, from Rouen University Hospital, France, developed on page 706 a new transobturator male sling procedure and report their results after one-year experience. They conducted a prospective multicenter study in 50 patients with minor or moderate post-prostatectomy incontinence. The surgical procedure was considered easy to perform and no post-surgery complication was reported except for one retention. The median number of pads per day decreased significantly from 2 pads before surgery to 1 during the follow-up period, and at 3 months patients using none or one pad per day were 30% and 32% respectively. The short-form 36 continence and quality of life score improved from a median of 100 to 300, and the median ICIQ incontinence and quality of life score decreased from 15 to 8 one year after surgery. The authors concluded that the transobturator perineal male sling TOMSTM is an attractive simple sling technique for moderate or minor post-prostatectomy stress incontinence and offers an improvement in the quality of life. Dr. David Rapp, from Virginia Urology Center, USA and Dr. Ricarda M. Bauer, from Ludwig-Maximilians-Universität München-Grosshadern, Germany, well-known experts in the field provided important editorial comments on this original manuscript.


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