

What's inside

GUT MICROBIOME AND NEPHROLITHIASIS

The incidence of kidney stone disease has been increasing globally. Calcium oxalate stones are the most commonly found stones. Most oxalate is produced indigenously and its absorption from the gut has complex interaction with dietary calcium consumption and other factors. Recently, there has been interest on the gut microbiome as certain bacteria can degrade dietary oxalate and thus increase enteric oxalate excretion. In this issue, Sharma *et al.*^[1] have given the current update on gut microbiome and its complex role in nephrolithiasis and show the future of the potential role of specific interventions in the gut microbiome to reduce the burden of renal stone disease.

OBJECTIVE ULTRASOUND TRAINING FOR UROLOGIST AND ITS ASSESSMENT

An ultrasound examination is an extension of physical examination for most urologists. Most office urology setups nowadays have access to an ultrasound machine. Furthermore, urology residency training programs expect their postgraduate students to be able to not only interpret ultrasound images but also perform ultrasound examinations and ultrasound-guided interventions such as percutaneous nephrostomy catheter placement and prostate biopsies. Like most surgical training, residents learn on the job and there is neither formal training nor assessment of their technical skills. In an interesting study, Rowley *et al.* evaluated learning ultrasonography using SinoSimLiveScan® device and its evaluation through competency-based assessment.^[2] Most residents felt that additional formal ultrasound training would increase their comfort level.

PERCUTANEOUS EMBOLIZATION FOR RENAL VASCULAR TRAUMA

Upper tract injuries are increasingly being managed conservatively due to better imaging. In a prospective study over 6 months, the authors report on 25 patients treated with percutaneous embolization for traumatic or iatrogenic vascular renal injuries.^[3] Segmental arteries were the most commonly injured and presented as pseudoaneurysms. There was a 95.8% of technical success in the first attempt and only one patient required a second attempt. Percutaneous embolization is a useful adjunct to conservative therapy, thereby

avoiding rushing for an open emergency operation and hopefully salvaging more injured kidneys.

MINIMALLY INVASIVE TREATMENT FOR UPPER TRACT UROTHELIAL CARCINOMA

Radical nephroureterectomy is the treatment of choice for upper tract urothelial carcinoma (UTUC). Minimally invasive treatment of these tumors is challenging and there are few series with long-term follow-up. Fourteen patients with UTUC were followed up after percutaneous resection and postoperative intrapelvic instillation of mitomycin.^[4] The overall survival at 5 and 10 years was 92.9% and 78.6%, respectively, and only one patient had disease-specific mortality at 10 years due to metastasis (7.1%). 21.4% of patients had nephroureterectomy for ipsilateral recurrence. There was no tumor seeding of the percutaneous tract. However, it should only be considered as a treatment in carefully selected patients willing for intensive follow-up.

MULTIMODALITY TREATMENT FOR HIGH-RISK LOCALIZED CANCER PROSTATE

High-risk localized prostate cancer is the most logical indication for definitive curative local treatment. However, they are the ones with worst outcomes with regard to local and distant failure, leading to early cancer-specific mortality. In a review, Ashrafi *et al.* have looked at the contemporary data on definition, rationale, and results of neoadjuvant therapy, especially in the high-risk localized prostate cancer patients.^[5] They conclude that multimodal therapy using neoadjuvant androgen deprivation therapy and also chemotherapy hold a promise in near future.

MANAGEMENT OF BILATERAL PUJO IN INFANTS

Bilateral PUJO detected antenatally is a cause of considerable anxiety to the parents and a reason for referral to a pediatric urologist. Proper management has a potential to avert renal failure in the future. The result of a retrospective study on 28 patients with severe bilateral hydronephrosis over 15 years has been presented.^[6] Patients with complications such as rupture had bilateral intervention in 4 weeks and others had unilateral pyeloplasty between 4 and 12 weeks. In the unilateral intervention group, contralateral hydronephrosis resolved spontaneously on follow-up in 54% patients. Those with initial APD <35 mm were more likely to resolve spontaneously. Those with split glomerular filtration rate <10 ml/m have poor chance of functional recovery.

ADENOCARCINOMA IN CYSTITIS CYSTICA ET GLANDULARIS

Cystitis cystica et glandularis is a rare condition and a known precursor of adenocarcinoma of the bladder. The disease presents in a varied spectrum from mild hematuria or storage LUTS to renal failure with upper tract damage. In a retrospective study of 64 patients followed up with cystoscopy and biopsy with a median follow-up over 5 years, none of the cases progressed to malignancy.^[7] Although the disease was more extensive in the intestinal metaplasia group compared to the typical histopathological group, there was no difference between the symptoms and progression between them. The short duration of the study is mainly responsible for this observation. The study does not add to the natural history of the disease, which remains elusive due to its rarity and slow progression.

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