

## What's inside

### SACRAL AGENESIS AND LOWER URINARY TRACT DYSFUNCTION

Neurogenic bladder patients require lifelong care, but timely identification and intervention can help to prevent renal deterioration and provide excellent outcomes. Among neonates, obvious spinal cord defects are easily identified, but sacral agenesis may be occult and its association with neurogenic bladder is not well documented. Sinha *et al.*<sup>[1]</sup> in their study reported that children with sacral agenesis may also have neurogenic bladders that could lead to renal damage, similar to that seen in children with anorectal malformations.

### COMPARING NEPHROMETRY SCORES FOR NEPHRON SPARING SURGERY

A number of nephrometry scores are available that characterize renal lesions before nephron-sparing surgery. These scores are variably used for predicting ease of surgery or complications. Interobserver variability is a concern with all such measures and Sharma *et al.*<sup>[2]</sup> compared three common scores, RENAL, PADUA, and centrality index (C-index), in a group of 50 patients prospectively. They concluded that although the C-index had the highest degree of correlation with surgical outcomes, it had the least amount of interobserver correlation and was difficult to apply in routine usage.

### LEARNING CURVE FOR ROBOTIC PARTIAL NEPHRECTOMY

Partial nephrectomy is a relatively difficult laparoscopic surgery. One of the biggest benefits of robotic assistance in urology is the small learning curve, particularly for surgeons trained in laparoscopy. However, there is evidence of continued improvement over time even for surgeons with minimally invasive surgery experience. Dias *et al.*<sup>[3]</sup> evaluated 108 robot-assisted partial nephrectomies with warm ischemia time (WIT) as a surrogate marker for proficiency. It took surgeon 44 procedures to achieve a consistently low WIT and experience correlated with overall outcomes of the procedure.

### LATERAL PERCUTANEOUS NEPHROLITHOTOMY

Percutaneous nephrolithotomy (PCNL) is one of the more common surgeries performed by urologists

in Asia due to the high stone prevalence in this region. The prone position has been the standard approach for decades and continues to be the one most commonly employed. However, there are anesthetic issues with the prone position and this led to the exploration of supine PCNL as an option. The supine approach was hampered by limited renal access. The lateral approach aims to achieve the best of both approaches and in this large retrospective review of 347 cases, Gan *et al.*<sup>[4]</sup> reported a 83% clearance rate with relatively a few complications.

### SEMEN PARAMETER DECLINE OVERTIME

Changes in male fertility and semen parameters have been a subject of debate in the literature and the lay media for a long time. Contradictory data exist on the semen parameters at various time periods in history. This report from Bangladesh looks at semen parameters at one fertility center over a period of 16 years.<sup>[5]</sup> It suggests that sperm motility has declined over time and the number of men with azoospermia has increased although the average sperm density has not changed. These data are based on a large number of subjects, but should be assessed with caution due to significant methodological lacunae that may be inherent to such a long retrospective study.

### ALPHA BLOCKERS IN PRIMARY BLADDER NECK OBSTRUCTION

Although primary bladder neck obstruction is an uncommon entity, it is often diagnosed by exclusion in patients with clinical features of outflow obstruction but no obvious cause. Alpha blockers are frequently prescribed for such patients, based on the evidence and clinical experience of their use in benign prostatic hyperplasia. Sudrania *et al.*<sup>[6]</sup> presented urodynamic evidence of the benefit in a study of 21 men, strengthening the evidence for such use.

### NONUROTHELIAL BLADDER CANCER AND UPPER TRACT TUMORS

Oncological outcomes derived from large public health databases have a number of inherent problems and biases. These include variability in diagnostic techniques, criteria, omissions, and coding among others. However, they serve an important source of information, particularly for uncommon diseases. The SEER database is one such resource that is frequently queried for large datasets. Patel *et al.*<sup>[7]</sup> evaluated the survival outcomes of bladder cancer and concluded that in comparison with transitional cell cancer, nonurothelial cancer other than adenocarcinomas have a poorer survival

with 3-year disease-free survival being in the range of 35%. Another study looks at upper tract renal cancers in the National Cancer Data Base and reports that tumor size independently predicts survival.<sup>[8]</sup>

**Rajeev Kumar\***

Editor, Indian Journal of Urology,  
All India Institute of Medical Sciences, New Delhi, India  
\*E-mail: rajeev.urology@aiims.edu

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