



Letter to the Editor: How Can We Predict a Successful Outcome after Varicocelectomy in Painful Varicocele Patients? An Updated Meta-Analysis

Yu Seob Shin¹, Dong Sup Lee²

¹Department of Urology, Jeonbuk National University Medical School and Research Institute of Clinical Medicine of Jeonbuk National University-Biomedical Research Institute of Jeonbuk National University Hospital, Jeonju, ²Department of Urology, The Catholic University of Korea, St. Vincent's Hospital, Suwon, Korea

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Varicocelectomy has been recommended as an alternative for varicocele patients who are refractory to conservative treatments. However, some patients experienced testicular pain even after surgery [1]. To the best of our knowledge, there has been little research about predictive factors for surgical outcomes in patients with painful varicocele [2]. We have carefully read the article published in the *World Journal of Men's Health* by Park et al [3], and the findings are indeed interesting. This article, a meta-analysis of 14 trials, addresses the relationship between varicocele characteristics and surgical methods and the pain resolution rate following varicocelectomy. Patients with varicocele preoperatively complaining of dull pain demonstrated a higher likelihood of postoperative pain resolution than those complaining of excruciating or sharp pain [3]. These results may help in choosing a proper treatment method for patients with painful varicocele.

Similar to the authors above, we are working on

ways to determine predictive factors for surgical outcomes in patients with painful varicocele. During microscopic varicocelectomy, we measure the diameter of the ligated spermatic vessels using vascular caliber meter. In our experience, patients with spermatic veins larger than 5 mm had successful surgical outcomes in terms of pain resolution.

Furthermore, ultrasonography is currently the most widely used imaging technique for the assessment of varicocele [4]. Therefore, in our opinion, both vein diameter and grade of reflux measured by the ultrasonography before surgery can be predictive factors for surgical outcomes in patients with painful varicocele. However, a large and randomized prospective study is required to confirm these findings.

Conflict of Interest

The authors have nothing to disclose.

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Correspondence to: Dong Sup Lee <https://orcid.org/0000-0003-0862-3205>

Department of Urology, The Catholic University of Korea, St. Vincent's Hospital, 93 Jungbu-daero, Paldal-gu, Suwon 16247, Korea.

Tel: +82-31-249-8888, Fax: +82-31-249-8276, E-mail: LDS@catholic.ac.kr

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