

## Management of urethral strictures

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Urethral stricture disease is one of the commonest conditions encountered by urologists in the Indian subcontinent. Though there has been a recent interest in urethroplasty, most urologists still prefer minimally invasive methods of treatment like endoscopic urethrotomy or urethral dilatation.

Since the introduction of Direct Visual Internal Urethrotomy (DVIU) in the early 1970s, the management of urethral strictures has come through a full circle. In the 1970s and 1980s, there was tremendous enthusiasm with DVIU as many centers reported excellent short-term outcomes. At the same time, urethroplasty series demonstrated high recurrence rates. However, the 1990s saw resurgence in the use of urethroplasty with the introduction of buccal and lingual mucosa and dorsal graft onlay techniques. Recent long-term studies of DVIU have shown very poor outcomes, whereas contemporary urethroplasty series have demonstrated superior results. However, as highlighted in a recent Cochrane review, most studies detailing treatments of urethral stricture disease are individual case series with very few randomized trials comparing various treatments. Wong *et al.*<sup>[1]</sup> emphasize this in their exhaustive Cochrane review that “There is currently no high quality evidence to guide patients and clinicians concerning treatment of primary or recurrent urethral stricture disease. Treatment choice

will for now continue to be based on local availability, patient and surgeon preference and surgical expertise augmented by local audit of outcome.”

Since urethral stricture disease is so common in India, it behooves on academic institutions to conduct properly designed randomized trials to guide urologists in their quest to offer the best treatment for these patients.

There is also lack of consensus on other issues relating to assessment and follow-up, following surgical management of urethral strictures. Different case series have adopted varied approaches to post-operative assessment. It is hoped that the First World Health Organization (WHO) panel on the International Consensus on Urethral stricture Disease (ICUD) to be convened in October this year would deliberate on these important issues.

I would like to profoundly thank all the authors who have contributed to this symposium. All of them are experts in the field of urethral stricture disease and have presented the current state of art in the management of various types of strictures. All articles are extensively referenced which would allow the readers to have an exhaustive overview of the developments on this subject.

### REFERENCE

1. Wong SS, Narahari R, O’Riordan A, Pickard R. Simple urethral dilatation, endoscopic urethrotomy, and urethroplasty for urethral stricture disease in adult men. *Cochrane Database System Rev* 2010;4:1-18.

**How to cite this article:** Dubey D. Management of urethral strictures. *Indian J Urol* 2011;27:363.

Access this article online	
Quick Response Code:	Website: www.indianjurol.com
	DOI: 10.4103/0970-1591.85448