

What's inside

USI GUIDELINES FOR NONNEUROGENIC URINARY INCONTINENCE IN ADULTS

The Urological Society of India has commissioned a number of expert panels to develop practice guidelines. The first completed guideline is now available on the website of the society (www.usi.org/guidelines). The guideline panel present an executive summary of this report including their position statements in the journal.^[1]

ESTROGENS FOR PROSTATE CANCER

Androgen ablation was the first consistently useful management strategy for prostate cancer. However, adverse effects associated with androgen ablation using exogenous estrogens resulted in a search for agents with lower side effects and the use of exogenous estrogens progressively declined. Newer agents are more expensive and may not be as effective in many situations, and Moorthy *et al.* reviewed the current role of exogenous estrogens in managing advanced and metastatic prostate cancer.^[2]

INNOVATIVE DEVICE FOR PCNL

One of the concerns with using smaller scopes for PCNL is the possible rise of intrarenal pelvic pressures (IRPs), leading to fluid absorption and its adverse effects. Rawandale-Patil *et al.*^[3] described an innovative device that can regulate IRP during a mini PCNL and prevent it from rising beyond a predefined limit. Their study describes the design and validation of this indigenous device.

DIAGNOSING EARLY PROSTATE CANCER

Despite numerous advances in prostate cancer diagnostics, there are a number of limitations with the existing modalities, and none has the desired accuracy. In the continuing search for new or combined modalities, Kumar *et al.*^[4] explored the role of free PSA, mpMRI, and Ga-PSMA PET in the detection of prostate cancer in men with PSA between 4 and 20 ng/ml. In 15 men, they reported that Ga-PSMA not only had near-perfect sensitivity but also led to the detection of more insignificant lesions as compared to MRI.

Another article on this subject looks at the predictive role of MRI-based tumor volume on the detection of prostate cancer on fusion biopsy in men undergoing

a repeat biopsy for prostate cancer. Blaine *et al.*^[5] reviewed the data of 150 men who underwent MRIUS fusion biopsy with 206 lesions suspicious for cancer. They found the lesion volume among men with cancer to be significantly higher than those with benign lesions and suggested that this may be used as a tool for predicting the presence of cancer.

OUTCOMES IN ADRENOCORTICAL CANCERS

Adrenocortical carcinomas (ACCs) are rare tumors, and their outcome is generally poor. Nair *et al.*^[6] reviewed a registry database of 37 patients with ACC over 10 years and reported the characteristics of the patients, tumor, and survival outcomes. Their report reiterates the poor survival rates in these patients and the continuing need to identify treatment modalities beyond surgery that may help improve outcomes.

URETERIC ANASTOMOSIS IN KIDNEY TRANSPLANT

The most common method of ureteric anastomosis during a renal transplant is a ureteroneocystostomy. However, there may be occasions where this is not the ideal option, and a ureteroureterostomy with the native ureter is required. Tyagi *et al.*^[7] reviewed their experience of renal transplants where a ureteroureterostomy was performed to identify the indications and outcomes.

REGIONAL BLOCKS IN HYPOSPADIAS SURGERY

Regional anesthetic blocks are frequently employed to provide postoperative pain relief. However, there has been some concern about their possible impact on surgical outcomes for urethroplasty. Goel *et al.*^[8] systematically reviewed the impact of caudal blocks on the complications of urethroplasty for hypospadias repair and suggested that such blocks may lead to higher complications.

TRICKS IN LAPAROSCOPIC PARTIAL NEPHRECTOMY

Partial nephrectomy for posterior hilar renal tumors is a difficult laparoscopic surgery as exposure of the tumor requires significant renal manipulation. Chiruvella *et al.*^[9] demonstrated a technique of flipping the lower pole of the kidney to access these tumors through a surgical video.

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REFERENCES

1. Sinha S, Agarwal MM, Vasudeva P, Khattar N, Madduri VK, Yande S, *et al.* The Urological Society of India Guidelines for the Evaluation and Management of Nonneurogenic Urinary Incontinence in Adults (Executive Summary). *Indian J Urol* 2019;35:185-8.
2. Moorthy HK, Laxman Prabhu GG, Venugopal P. The resurgence of estrogens in the treatment of castration-resistant prostate cancer. *Indian J Urol* 2019;35:189-96.
3. Rawandale-Patil AV, Ganpule AP, Patni LG. Development of an innovative intrarenal pressure regulation system for mini-PCNL: A preliminary study. *Indian J Urol* 2019;35:197-201.
4. Kumar N, Yadav S, Kumar S, Saurav K, Prasad V, Vasudeva P. Comparison of percentage free PSA, MRI and GaPSMA PET scan for diagnosing cancer prostate in men with PSA between 4 and 20 ng/ml. *Indian J Urol* 2019;35:202-7.
5. Blaine SA, Abdul-Muhsin HM, Jakob NJ, Andrews PE, Ferrigni RG, Cha SS, *et al.* MRI - ultrasound fusion guided biopsy of the prostate: lesion volume as a predictor of cancer in patients with repeat biopsies. *Indian J Urol* 2019;35:208-12.
6. Nair LM, Jagathnath Krishna KM, Kumar A, Mathews S, Joseph J, James FV. Clinicopathological features and outcomes of adrenocortical carcinoma: A single institution experience. *Indian J Urol* 2019;35:213-7.
7. Tyagi V, Jain S, Singh M, Pahwa M, Chadha S, Rasool S. Native ureteroureterostomy in renal allograft recipient surgery: A single-center 5-year experience. *Indian J Urol* 2019;35:218-21.
8. Goel P, Jain S, Bajpai M, Khanna P, Jain V, Yadav DK. Does caudal analgesia increase the rates of urethrocutaneous fistula formation after hypospadias repair? Systematic review and meta-analysis. *Indian J Urol* 2019;35:222-9.
9. Chiruvella M, Ghouse SM, Tamhankar AS. "Polar flip" technique for transperitoneal laparoscopic partial nephrectomy – Evolution of a novel technique for posterior hilar tumors. *Indian J Urol* 2019;35:230-1.

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