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Re: Comparison of Microdissection Testicular Sperm Extraction, Conventional Testicular Sperm Extraction, and Testicular Sperm Aspiration for Nonobstructive Azoospermia: A Systematic Review and Meta-Analysis

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EDITORIAL COMMENT

In contemporary medicine, testicular sperm extraction (TESE) and using testicular sperm for intracytoplasmic injection is the only fertility treatment in men with nonobstructive azoospermia (NOA). Different sperm retrieval techniques have been used to find a single sperm from the testes of men with NOA. In this study, three sperm retrieval techniques, microdissection TESE (micro TESE), conventional TESE (cTESE), and testicular sperm aspiration (TESA) were compared for yielding successful sperm recovery. Fifteen studies with total of 1890 patients were eligible for inclusion of meta-analysis. These studies were published between 1997 and 2012 and took places - six in Asia, four in Europe, three in North America and two in Africa. Using different tissue processing techniques and the patient heterogeneity that exists in the population of men diagnosed with NOA are the limitations of this study. In conclusion, meta-analysis of the studies has shown that performance of micro-TESE was higher compared with cTESE and performance of cTESE was higher compared with TESA for successful sperm retrieval.

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Re: The Who, How and What of Real-World Penile Implantation in 2015: The PROPPER Registry Baseline Data

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EDITORIAL COMMENT

In this large prospective, multicenter, international, large cohort study, the authors aimed to determine baseline characteristics of patients with penile implants according to the Prospective Registry of Outcomes with Penile Prosthesis for Erectile Restoration data. Between June 2011 and April 2015, a total of 1019 patients were enrolled in this study at 11 North American sites. The majority of the subjects (983) underwent implantation with AMS 700 IPP, of whom 495 received the LGX model. In addition, 26 patients received an AMS Ambicor and 10 underwent placement of an AMS Spectra. Radical prostatectomy (RP) was the major etiology (285 subjects, 28%), and the other etiologies were diabetes (220, 21.6%), cardiovascular disease (CD) (200, 19.6%) and Peyronie's disease (PD) (91, 8.9%). Of those patients, 76.4% had placement of the reservoir in space of Retzius, and 21.7% had submuscular (infrafascial) below muscle. Patient's hospital stay analysis revealed that 51.3% were under 24-hour observation, while 43.3% underwent same day discharge and only 5.3% were hospitalized for more than 24 hours. Among patients receiving an AMS 700, those treated with RP and diabetes had more outpatient admissions (less than 24 hours, 56.8% and 52.1%) compared to patients with CD and PD (42.0% and 35.6%). In conclusion, most of the patients receive a 3-piece IPP and RP is the most common primary etiology of penile implant surgery in North America. Moreover, patients who had undergone RP were more likely to have the reservoir placed in a submuscular location, experience a longer OR time and overnight stay in hospital compared with other patients groups.

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Endourology

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Re: Percutaneous Nephrolithotomy Versus Retrograde Intrarenal Surgery: A Systematic Review and Meta-Analysis

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EDITORIAL COMMENT

Debate still goes on about minimally invasive treatment of urolithiasis. Meta-analysis is very important in decision-making; the level of evidence 1a represents evidence obtained from meta-analysis of randomized trials. This meta-analysis represented by De et al. reviewed the results of ten studies comparing mini-micro percutaneous nephrolithotomy (mmPNL) with retrograde intrarenal surgery (RIRS). A subgroup analysis was performed comparing standard PCNL and minimally invasive percutaneous procedures (MIPPs) including mini-PCNL and micro-PCNL with RIRS, separately. Half of the studies were from Turkey. All stone burdens in these studies were lower than 2 cm except in two studies. Similarly, single stone was treated in all except for two studies. There were major differences between studies in terms of surgical techniques, follow-up procedure and imaging and definition of stone free or, in other words, clinically insignificant residual fragment. Operation time was same for RIRS and sPNL which might be because of the smaller size of stones for PNL, a debatable point. In patients with single stone about 2 cm, not surprisingly, sPNL was the leading one in stone free rates. There was a statistical confusion for other methods. According to original paper, RIRS was second one but if searched again; we can see the 'corrigendum' which reflected that stone free rate of mmPNL was higher than RIRS due to the correction of statistical mistake. In a special comparison between mmPNL and RIRS; RIRS had lower morbidity with lower stone free rates. Thus, as a conclusion, if the question is stone free rate, sPNL should be chosen but RIRS had the lowest morbidity with very close stone free rates to mmPNL. Although this type of studies are very important; this study did not meet expectations in decision making. It should be better to follow the European Association of Urology guidelines recommendations with evaluating whole criteria, such as comorbidities of the patients and Hounsfield unit of the stone which may reflect 'fragility'; not only stone size.

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