

What's Up in Urology Journal, Winter 2009?

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Urology for People is a section in the *Urology Journal* for providing people with a summary of what is published in this journal and describing urological entities in a simple language. The Persian translation of this article is available from www.uj.unrc.ir.

Important Note. It is noteworthy that the findings in medical papers are usually not directly applicable in clinical practice and patients should consult their physicians before any utilization of the results of medical studies.

GET RIDE OF THE REMAIDERS OF KIDNEY STONES

Extracorporeal shock wave lithotripsy is a treatment option for people with kidney stones. In this method, high-intensity acoustic pulses are used to focus on the stones and break them up without surgical operation. The broken stones can pass the urinary system and be excreted by urine. However, some fragments of stones might be still large and their passage might take a long time or even not possible. Dr Djaladat and his colleagues in Bandar-Abbas, Iran, tried an oily preparation that has been suggested for easier passage of kidney stones. They performed shock wave lithotripsy in their patients and then divided them into 2 groups. One group received the oily preparation called Rowatinex for a period of time after lithotripsy and the other received placebo, a capsule similar in shape and color to Rowatinex but with no therapeutic effect. They found that this oily preparation does not improve the final outcome of lithotripsy, but it accelerates excretion of the remainders of the stone. So, such preparations might be suggested by the doctors who treat your stones, just to shorten the convalescence period.

See page 9 for full-text article

INCIDENTAL DIAGNOSES WHEN YOU GO TO HOSPITAL FOR FLANK PAIN

Renal colic is a pain in the flanks caused by kidney

stones. To identify the stone, several diagnostic methods may be used. Recently using CT scan has gained popularity. CT is a highly accurate imaging method that shows inside the body very clearly. So, any kind of disease can be detected by CT other than the kidney stone. Dr Ather and his colleagues in Pakistan reviewed their experience with CT in 4000 patients who had renal colic. About 10% of the patients had problems in their stomach other than kidney stone or as the real cause of pain. About 1% had a tumor in their stomach. So, CT scans could incidentally find diseases early before they show themselves with symptoms that make the patient visit a doctor. One with a serious hidden problem in his or her stomach must be lucky to have a kidney stone too!

See page 14 for full-text article

PROSTATE CANCER: HOW TO KNOW ITS SERIOUSNESS?

Prostate-specific antigen, often known as PSA, is a marker that is measured in blood to find out whether a man might have prostate cancer. Researchers have proposed some other ways to use PSA in men with prostate cancer; a useful estimate is to know how soon PSA rises to a doubled value. The doubling time of PSA can help us know the nature of the prostate cancer: how fast it is growing and to what extent it has expanded. Dr Nowroozi and his colleagues in

Imam Khomeini Hospital, Tehran, calculated the doubling time of PSA in a group of men with prostate cancer. They found that those with a doubling time shorter than 12 months had a more aggressive tumor that is more difficult to be treated. To know the nature of the tumor, physician should take a biopsy specimen of the prostate and send it to a pathologist. This may take time and any easier way to know if the tumor is aggressive can help them start the proper treatment sooner. Doubling time of PSA has been recently attracted researchers and it may have its own place in the diagnosis and treatment of prostate cancer.

See page 27 for full-text article

MENOPAUSE IN MEN?!

Women experience a decline in their sexual hormones when they reach the age of about 45 to 50 years. This is called *menopause*. Such an entity is suggested in men too, namely *andropause*. Andropause is characterized by a decline in testosterone, the sexual hormone in men and a series of manifestations such as impotence, decreased sexual desire, osteoporosis, and generalized weakness. Other than measuring testosterone levels in blood, symptoms of this condition can be used for evaluating men who have andropause. A questionnaire has been designed in St Louis University in the United States that can help the physician diagnose andropause. Dr Goel and his research team in India used this questionnaire and also measure testosterone levels in a group of men aged 40 to 60 years working in a hospital. They found that

based on the questionnaire, about two-thirds of them would have andropause, which is an unusually high rate. According to the testosterone levels, however, only one-third had andropause. Dr Goel and his colleagues concluded that they should have their own questionnaire designed specifically for Indian men in order to evaluate andropause in their population of men. Overall, they think that andropause must be common in Indian men older than 40 years.

See page 40 for full-text article

AVICENNA'S KNOWLEDGE ON BLADDER STONE

In the second part of his article series about Avicenna, Dr Madineh continued comparing the *Canon of Medicine* with the current medicine. In this part, he described the surgical treatment of bladder stone. It is surprising for us to know that 1000 years ago, they used to perform surgery for urinary stones. Avicenna was aware of the risk of surgery in an era without antibiotics; however, he suggests surgery in some special conditions and explains surgical methods in detail. He warns physicians of sophisticated anatomy of the bladder and its nearby organs, nerves, and blood vessels. Also, he describes all difficulties and complications that the surgeons might encounter and provides them with practical solutions. His preciseness and skillfulness are astonishing. For those interested in the history of science and Islamic medical History, we recommend reading this article.

See page 63 for full-text article