GLOSSARY

AZOOSPERMIA

The complete absence of sperm in the ejaculatory fluid

the hypothesis that modification of atherosclerotic risk factors improves ED. This hypothesis warrants further investigation in large clinical trials.

Tamsin Osborne

Original article Herrmann HC *et al.* (2006) Can atorvastatin improve the response to sildenafil in men with erectile dysfunction not initially responsive to sildenafil? Hypothesis and pilot trial results. *J Sex Med* 3: 303–308

Thrombocytosis predicts mortality in patients with renal cell carcinoma

Approximately 40% of patients with renal cell carcinoma die as a result of disease progression, making the identification of reliable prognostic factors highly important. Thrombocytosis, an increase in the number of platelets in the blood, has been observed in many renal-cell malignancies, and has previously been linked to poor survival rates. A new, French study has compared the prognostic value of thrombocytosis with that of the standard prognostic variables.

The retrospective review included 804 patients (mean age 62 years, 538 male) who had undergone partial or radical nephrectomy for renal cell carcinoma. Thrombocytosis (defined as a platelet count of $>450,000/\text{mm}^3$) was found to be significantly associated with tumor size ($P<0.001$), T stage ($P<0.001$), nodal invasion ($P=0.002$), distant metastasis ($P=0.027$), and Fuhrman grade ($P<0.001$), and inversely associated with cancer-specific survival ($P<0.001$). The risk of death for patients with thrombocytosis was nearly twice that for patients with a normal platelet count (odds ratio 1.8, 95% CI 1.2–2.7). Interestingly, although platelet count was significantly lower in women than in men ($P=0.002$), the trend towards improved survival in women did not reach significance.

The authors suggest that the presence of thrombocytosis should be considered as an adjunctive prognostic variable, to complement those that are already in clinical use. Given these results, it might be particularly useful in signaling the presence of metastatic or aggressive disease.

Katherine Sole

Original article Bensalah K *et al.* (2006) Prognostic value of thrombocytosis in renal cell carcinoma. *J Urol* 175: 859–863

Scrotal ultrasonography can detect obstructive azoospermia

When treating AZOOSPERMIA, it is important to distinguish between obstructive and non-obstructive azoospermia, as obstructive azoospermia can often be corrected with surgery. Vasography and transrectal ultrasonography, the imaging modalities most commonly used to evaluate the genital duct for this purpose, only allow imaging of the distal genital duct. Scrotal ultrasonography, however, also images the proximal genital duct, a potential site of obstruction. A new, prospective study has evaluated the accuracy of scrotal ultrasonography in differentiating between obstructive and nonobstructive azoospermia.

Twenty consecutive infertile men with azoospermia underwent scrotal ultrasonography and 19 of those also underwent biopsy of the testes. Whether the azoospermia was obstructive or nonobstructive was determined by histologic analysis of the biopsy specimens, which was used as the reference standard. The scrotal ultrasonography findings for both types of azoospermia were compared. Epididymal abnormalities were significantly more common, and testicular volume was significantly larger, in obstructive versus nonobstructive azoospermia ($P<0.001$ and $P<0.05$, respectively). The sensitivity, specificity and accuracy of scrotal ultrasonography were 82.1%, 100% and 87.5%, respectively.

Although limited by the small number of patients involved, these results indicate that scrotal ultrasonography is an accurate tool that can be used to distinguish successfully between obstructive and nonobstructive azoospermia.

Katherine Sole

Original article Moon MH *et al.* (2006) Scrotal US for evaluation of infertile men with azoospermia. *Radiology* 239: 168–173

Changes in symptoms and quality of life in patients with chronic prostatitis

Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is a condition of unknown cause, for which no effective treatment exists. The NIH Chronic Prostatitis Cohort Study recruited 445 patients with CP/CPPS. The symptoms and