

In total, 107 patients (41 boys and 66 girls) were eligible for inclusion in the study. Upper genitourinary tract abnormalities were noted in 14 girls (21.2%). Of these, 9 girls experienced vesicoureteral reflux (grades 1 to 3), 4 had hydronephrosis and 1 had a duplicated collecting system. Two of the boys had upper urinary tract anomalies; ureteropelvic junction obstruction was identified in one and a left malrotated kidney with hydronephrosis in the other. Surgical correction of the genitourinary anomalies was necessary in 4 patients (3 girls, 1 boy).

The incidence of upper-tract genitourinary abnormalities is much higher in the study population than the general population. The authors conclude that prospective studies and further *in vitro* and *in vivo* investigations are necessary to validate the observations reported here.

**Original article** Nabhan Z *et al.* (2007) Upper-tract genitourinary malformations in girls with congenital adrenal hyperplasia. *Pediatrics* 120: 304–307

### Deflux® injection reduces UTI incidence in children with VUR

Vesicoureteral reflux (VUR) is a major cause of urinary tract infection (UTI) in children. UTI can result in severe kidney damage. Wadie *et al.* assessed the efficacy of Deflux® (Q-Med AB, Uppsala, Sweden), a hyaluronic acid–dextranomer gel that has been successfully used for the treatment of VUR, in preventing UTI in children with VUR.

The study population consisted of 100 children (75 girls), and a total of 155 ureters were treated by Deflux® injection 2–3 mm below the ureteral orifice. Mean follow-up was 446 days. VUR was successfully treated in 77.4% of ureters after one injection, and 83.9% after a second injection. Recurrent UTI was experienced by 75 patients before Deflux® injection (mean incidence 0.68 infections/year); after the procedure, 13 patients had recurrent UTI (mean incidence 0.12 infections/year). The factors significantly associated with post-treatment recurrent UTI were baseline bilateral reflux and female sex. The need for prophylactic antibiotics was eliminated in 87% of patients.

The authors conclude that Deflux® injection is an effective treatment for VUR that reduces

the incidence of UTI and the need for antibiotics in children with VUR. Close post-treatment follow-up is required for female patients with bilateral reflux, who are at greatest risk of continuing infections.

**Original article** Wadie GM *et al.* (2007) The Deflux procedure reduces the incidence of urinary tract infections in patients with vesicoureteral reflux. *J Laparoendosc Adv Surg Tech A* 17: 353–359

### Sorafenib plus IFN- $\alpha$ is superior to single-agent therapy for metastatic RCC

Interferon (IFN)- $\alpha$ 2b and sorafenib are modestly effective against renal cell carcinoma (RCC) when either agent is used alone. In a phase II trial, Gollob *et al.* evaluated the efficacy of combined IFN- $\alpha$ 2b and sorafenib in 40 patients with metastatic RCC. The researchers found that 33% of patients responded to the combined treatment, an outcome that compares favorably with the 5–10% response obtained with either agent alone.

Patients received a median of 3 cycles of therapy (range <1–8.5 cycles). Partial tumor regression was observed in 11 patients (28%), a complete response in 2 patients (5%), 18 patients (45%) had stable disease and 5 patients (12%) had progressive disease. The observed regression generally occurred after 1–2 cycles; lungs and lymph nodes were the most common sites of response, although good responses were also observed in the pleura, liver and pancreas. Dose reductions because of toxicity were required in 65% of patients, and 28% discontinued therapy because of toxicity after a median of 2.5 cycles. Incidence of some toxic effects was higher with the combined therapy than would be expected for either agent alone, and 2-week breaks between cycles were necessary to allow chronic therapy.

The authors conclude that the combination of sorafenib and IFN- $\alpha$ 2b seems more effective against metastatic RCC than either agent alone; a phase III trial is required to confirm this effect.

**Original article** Gollob JA *et al.* (2007) Phase II trial of sorafenib plus interferon alfa-2b as first- or second-line therapy in patients with metastatic renal cell cancer. *J Clin Oncol* 25: 3288–3295