

Spyropoulos *et al.* conducted a prospective pilot study to develop a novel questionnaire that objectively assesses the effects of penile dysmorphophobia on patients' psychosexual status and distinguishes those who would benefit most from surgery. The Augmentation Phalloplasty Patient Selection and Satisfaction Inventory (APPSSI) questionnaire was evaluated in 45 physically normal young adult men with penile dysmorphophobia who were seeking surgical correction.

On the basis of their responses, 13 men with a low APPSSI score underwent augmentation phalloplasty. Surgery improved the condition by 25–50% in 11 patients and by 66.6% in one patient; only one patient showed no improvement. The authors conclude that the APPSSI questionnaire properly identified those patients who significantly benefited from augmentation phalloplasty, but stress that full validation of the questionnaire will require a larger randomized study.

Original article Spyropoulos E *et al.* (2007) Augmentation Phalloplasty Patient Selection and Satisfaction Inventory: a novel questionnaire to evaluate patients considered for augmentation phalloplasty surgery because of penile dysmorphophobia. *Urology* **70**: 221–226

Warm ischemia time can be reduced safely during laparoscopic partial nephrectomy

Laparoscopic partial nephrectomy (LPN) is effective for the removal of small tumors. A warm ischemia period >30 min during surgery, however, raises the risk of ipsilateral renal function impairment. Although renal cooling can reduce this risk, minimally invasive techniques are awkward. Baumert *et al.* investigated whether releasing the arterial clamp before complete closure of the renal parenchyma could reduce warm ischemia time (WIT) without affecting surgical outcome.

Over a 33-month period one experienced laparoscopic surgeon conducted 40 consecutive LPNs. During these, standard complete closure with interrupted sutures before renal arterial clamp release was used in 20 (control), and two running sutures (group 1a) or one running suture (group 1b) before clamp release and continued closure were used in 10 procedures, respectively. Clinically, the only difference between groups was tumor size (larger in groups 1a and 1b).

In the control group, WIT was longer (mean 27.2 ± 5 min versus 13.7 ± 4 min, $P < 0.01$) and hemoglobin loss greater ($P < 0.01$) than in the alternative closure groups; patients in group 1a experienced longer WIT than those in group 1b (mean 16.8 ± 3.6 min versus 10.3 ± 1.2 min, $P < 0.01$). Complications were more frequent in the control group. Early clamp release enabled bleeding vessels to be seen and sutured before parenchymal closure.

This simple change to the LPN technique seemed to reduce WIT effectively without a loss of hemostasis or increased risk of complications. A high degree of suturing skill is, however, still required for success.

Original article Baumert H *et al.* (2007) Reducing warm ischemia time during laparoscopic partial nephrectomy: a prospective comparison of two renal closure techniques. *Eur Urol* **52**: 1164–1169

Pediatric pyelonephritis can be treated exclusively by orally administered antibiotics

Acute pyelonephritis is a serious disease, especially for children, because of the risk of long-term renal scarring. The recommended treatment for the disease consists of initial parenteral antibiotics and admission to hospital, followed by orally administered antibiotics. To assess the possibility of treating these patients exclusively with orally administered antibiotics, Montini *et al.* conducted a randomized, controlled, noninferiority trial to compare the effectiveness of oral antibiotics alone or parenteral then oral antibiotics.

The Italian multicenter study recruited 502 children (aged 1 month to <7 years; 63% female) between June 2000 and June 2004 with symptoms suggestive of acute pyelonephritis. Children were allocated to oral antibiotics alone ($n = 244$; co-amoxiclav for 10 days [50 mg/kg/day in three doses]) or parenteral then oral antibiotics ($n = 258$; ceftriaxone for 3 days [50 mg/kg/day], followed by oral co-amoxiclav for 7 days [50 mg/kg/day in three doses]). Children with acute pyelonephritis confirmed by scintigraphy ($n = 278$) ≤ 10 days after initiation of treatment underwent follow-up scintigraphy at 1 year for the detection of renal scarring.

In the intention-to-treat analysis, there was no significant difference in the proportion of patients