

mean follow-up was  $58 \pm 63$  months. Cancer recurred in eight patients; seven underwent repeat MMS and one underwent penectomy. Tumor size did not seem to influence recurrence. Two patients died; one had metastatic cancer, the other had no evidence of recurrence at time of death. Recurrence-free survival was 68%, overall survival was 92% and disease-specific survival was 96%.

The authors conclude that, although local recurrence rates are high, MMS permits tumor removal with an improved functional and cosmetic result compared with penectomy. Survival rates are high, taking into account the need for close surveillance and the possibility of repeat procedures.

**Original article** Shindel AW *et al.* (2007) Mohs micrographic surgery for penile cancer: management and long-term followup. *J Urol* 178: 1980–1985

## Undiagnosed BOO could result in renal damage in patients with Down syndrome

Urinary tract abnormalities occur in an estimated 3–7% of individuals with Down syndrome (DS). An association between DS in males and bladder-outflow obstruction (BOO) secondary to detrusor sphincter dyssynergia (DSD) has been suggested by a small retrospective study. To confirm or refute the association, Hicks *et al.* conducted a two-part study in the UK.

The first part was a retrospective case note review that included seven children (six male, one female) with DS who had been diagnosed with probable DSD at a single center in Southampton, UK during a 16-year period; mean follow-up was 5 years and 8 months. Of the seven patients, three required urinary diversion for dilated upper tracts secondary to BOO, highlighting the potential risk of renal injury associated with this condition.

In the second part, families of children with DS (age 5–16 years) were sent a postal questionnaire that aimed to identify urinary dysfunction and symptoms suggestive of BOO. Questionnaire responses were available for only 22 of the 42 children contacted. Bladder dysfunction was reported for 17 of these children (77%), wetting problems for 15 (68%), and 9 (41%) had at least one symptom suggestive of BOO. Hospital assessment of the children

with reported bladder dysfunction was limited because only three patients agreed to attend.

The authors recommend that children with DS have a detailed history of bladder function taken because, if symptoms such as wetting are disregarded on the grounds of learning difficulties, untreated BOO might result in renal damage.

**Original article** Hicks JA *et al.* (2007) Is there an association between functional bladder outlet obstruction and Down's syndrome? *J Pediatr Urol* 3: 369–374

## Reduced complications associated with seminal-vesicle-sparing perineal RP

Retropubic radical prostatectomy (RRP) is the preferred approach for high-risk prostate cancer patients; however, for low-risk patients for whom lymphadenectomy is not required, perineal radical prostatectomy (PRP) is a quicker and more cost-effective procedure. Albers *et al.* report a new technique of seminal-vesicle-sparing perineal radical prostatectomy (SV-PRP), which reduces the complication rate in select patients compared with RRP and standard PRP.

RP was performed on 507 patients in a three-arm nonrandomized phase II trial, who were allocated to PRP or RRP on the basis of risk assessment. Patients with a PSA level  $\leq 10$  ng/ml, Gleason sum  $\leq 7$  and prostate volume  $\leq 50$  ml were randomly allocated to standard PRP (171 patients) or SV-PRP (147 patients); the remaining 190 patients underwent RRP. Mean operative duration was 90 min for SV-PRP, 141 min for PRP and 164 min for RRP, and the transfusion rate was 3.4%, 10.5% and 10.0%, respectively. Nerve sparing was possible in 90%, 62% and 57% of patients, respectively. There was no oncological difference in outcome between the three arms. After 4 weeks, 62% of SV-PRP patients achieved full continence, compared with 45% of PRP patients and 44% of RRP patients. After 12 months, these rates were 96%, 86% and 66%, respectively.

The authors conclude that SV-PRP reduces surgical time and complications for low-risk patients, and would be recommended if long-term oncological data prove to be favorable.

**Original article** Albers P *et al.* (2007) Seminal vesicle-sparing perineal radical prostatectomy improves early functional results in patients with low-risk prostate cancer. *BJU Int* 100: 1050–1054