

are unclear. Altman and colleagues investigated the risk of needing SUI surgery after hysterectomy in a retrospective, nationwide, population-based cohort study of Swedish women.

The Swedish Inpatient Registry was used to obtain data for 165,260 women who underwent hysterectomy for benign indications between 1973 and 2003 (exposed cohort). For each patient, three controls, matched for year of birth and county of residence, were randomly selected from the same registry (unexposed cohort, $n=479,506$). The occurrence of SUI surgery was compared between the exposed and unexposed cohorts.

The rate of SUI surgery in the exposed cohort was more than double that observed in the unexposed cohort (179 [95% CI 173–186] versus 76 [95% CI 73–79] SUI procedures per 100,000 person-years). This difference corresponded to a hazard ratio of 2.4 (95% CI 2.3–2.5) for SUI surgery in the exposed versus unexposed cohort. The risk of SUI surgery also increased, in a dose-dependent manner, with the number of vaginal births in both cohorts.

The authors conclude that hysterectomy increases the risk of SUI surgery in later life, most likely owing to surgical trauma affecting the physical and neuronal architecture of the lower abdomen.

Original article Altman D *et al.* (2007) Hysterectomy and risk of stress-urinary-incontinence surgery: nationwide cohort study. *Lancet* 370: 1494–1499

Increased onion and garlic intake is associated with a decreased risk of BPH

The role of diet in the development of benign prostatic hyperplasia (BPH) has not been extensively researched, although evidence

suggests that BPH incidence is inversely associated with fruit and vegetable intake. In addition, vegetables from the *Allium* genus have shown beneficial effects in various disorders affecting the prostate. Galeone and colleagues performed a multicenter, case-control study to evaluate the risk of BPH associated with onion and garlic intake during the 2 years before diagnosis or hospital admission.

The study included 1,369 patients with clinically detected BPH (median age 66 years, disease diagnosis <1 year before enrolment) admitted to major teaching and general hospitals in four regions of Italy. The control group consisted of 1,451 individuals (median age 63 years) in the same hospitals, who were admitted with non-neoplastic illnesses unrelated to diet modification. All participants completed a detailed questionnaire, which included sections about sociodemographic factors, medical history and family history of cancer. Onion consumption was categorized as none, infrequent (<4 80 g portions/week) or regular (≥ 4 80 g portions/week); garlic consumption was represented by a qualitative score (1 = none or low frequency, 2 = intermediate frequency, 3 = high frequency).

On multivariate analysis, the odds ratios for BPH in the highest-consuming categories for onion and garlic intake were 0.41 (95% CI 0.24–0.72) and 0.72 (95% CI 0.57–0.91), respectively. Frequent consumption of both onions and garlic yielded an odds ratio of 0.65 (95% CI 0.49–0.86).

The authors conclude that increased intake of *Allium* vegetables seems to be associated with a decreased risk of developing BPH.

Original article Galeone *et al.* (2007) Onion and garlic intake and the odds of benign prostatic hyperplasia. *Urology* 70: 672–676