
EDITORIAL

The Canadian Journal of Urology responds to the globalization of urology

The world is "shrinking" as the frontiers of urology expand to new international horizons. Urologists now practice in an environment where international meetings dominate the scientific landscape, fundamental research questions are being addressed in multinational clinical trials, and the contributors and readers of major medical journals increasingly come from many countries.

The current issue of CJU reflects this growing international perspective. First, we are pleased to present highlights from the 22nd annual European Association of Urology congress that was held in March in Berlin, Germany. Many Canadian and American urologists attended this congress, and several gave presentations at plenary sessions.

Second, the articles in this issue reflect the globalization of urology and discuss important and intriguing findings. Tisdale and colleagues point out that there are discrepancies in the way the dimensions of renal calculi are measured in different radiological studies, and they caution that this may cause problems when determining clinical therapies. Jones and colleagues report results from an "extraterrestrial" study that looks at urological disease and the American space program — which is very apropos to a discussion about expanding the frontiers of urology.

In another article, Borden et al write that although the use of robotic technology in urology is rapidly becoming accepted worldwide, it is important to remember that technical limitations still exist. Stamatiou reports on the prevalence and histopathologic characteristics of prostatic duct adenocarcinoma in a study of Greek men. What makes this article particularly noteworthy is that men of various ages died without any suspicion of having prostate cancer, yet a large number of the autopsy prostate specimens (39 of 200) were found to contain adenocarcinoma.

The Resident's Corner and case reports features articles about unusual manifestations of testicular cancer, adrenal cancer, malignant mesothelioma, and xanthogranulomatous pyelonephritis. Of particular clinical note is the reported case of Bacille Calmette-Guérin (BCG) pyelonephritis following intravesical therapy for transitional cell carcinoma of the bladder. BCG therapy is often the treatment of choice when intravesical therapy is indicated, yet serious complications may occur. Quick recognition of adverse side effects is the key to successful patient management.

In closing, I would like to stress that the CJU is committed to bringing up-to-date, pertinent information in an easy-to-read format to our readership. Submitted articles undergo a vigorous, yet timely scientific review by a dedicated cadre of reviewers and Section Editors. We recognize the desire of authors to have their work critiqued in a timely fashion and we respond by instituting strict deadlines in course of the review process. We look forward to hearing from you, our readers.

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Do you agree with what you just read? Or maybe you disagree. Let us know, and we will publish your thoughts as a Letter to the Editor.