CATHETER-ASSOCIATED HYPERTENSION

To the Editor. Stevens and Mandell described renal artery thrombosis associated with hypertension in an infant after umbilical arterial catheterization. They suggested surgical intervention for uncontrollable hypertension. Our experience with more than 20 infants with catheter-associated hypertension has been reported. This problem is not uncommon, especially when catheters are placed above the origin of the renal arteries and dislodged percutaneous caths move downstream to occlude vessels. Vigorous medical management normalized blood pressure in all of our infants, suggesting that an operation usually is not necessary. We support the authors' pleas for proper catheter placement, aseptic technique and careful monitoring of blood pressure during and after catheterization.

Respectfully,
Raymond D. Adelman
Pediatric Nephrology
University of California, Davis
Sacramento, California 95817


RE: SERIAL MULTIPLE-SITE BIOPSIES IN PATIENTS WITH BLADDER CANCER

M. S. Soloway, W. Murphy, M. K. Rao and C. Cox

J. Urol., 120: 57-59, 1978

To the Editor. This report concerns the results of a prospective study conducted at the University of Tennessee Center for the Health Sciences as part of a larger collaborative effort by the National Bladder Cancer Collaborative Group A. The background and over-all plan of this group have been reported recently. One of its objectives was to study the histological appearance of normal-appearing mucosa taken from preselected sites. Thus, our data provided the results from one of the institutions in this larger cooperative study. The entire group's experience is awaited in the future.

Respectfully,
Mark S. Soloway
Department of Urology
University of Tennessee College of Medicine
Memphis, Tennessee 38163


RE: THE IMPALPABLE TESTIS: A RATIONAL APPROACH TO MANAGEMENT


J. Urol., 120: 515-520, 1978

To the Editor. The authors of this excellent review article omitted an important reference on the controversial issue of testicular autotransplantation (dividing the spermatic vessels and reanastomosing them with microvascular technique to the inferior epigastric vessels).

Our paper on the subject was reported in 1976. Testicle autotransplantation with microvascular reanastomosis of the spermatic vessels may or may not turn out to have merit but at least we should get credit for its initiation.

Respectfully,
Sherman J. Silber
456 N. New Ballas Road, Suite 108
St. Louis, Missouri 63141


To the Editor. I read with interest this review article on the impalpable testis. Management as stated in the review, particularly as it relates to the preoperative evaluation from the endocrinological and radiological point of views, is entirely valid. However, I would like to call attention to what I believe is a much more efficient approach to the surgical search and management of the impalpable testis.

For 25 years I have done all orchiopexies through a midline lower abdominal incision. As the peritoneum is reflected medially it is possible to find a slight fold in the peritoneum to which the vas deferens is attached. Careful dissection and following of the vas in most cases leads to the testis, whether it is intra- or extraperitoneal. In only 2 of >100 cases did the vas fan out and not attach to the testis. Even in those cases the testes were found at the level of the renal vessels. In most cases it was then possible to provide a new opening over the pubis, ligate the
accompanying hernia sac and transplant the testis into the scrotum by a more direct route than would be available through the inguinal canal. This has been a much more effective approach to find the impalpable testes and to care for bilateral cryptorchidism and testes previously operated upon.

Respectfully,
Owen C. Berg
Department of Urology
Veterans Administration Medical Center
Temple, Texas 76501

*Editor's Note. Dr. Herbert Brentler, our Associate Editor, reviewed this Letter too and indicated that the late Dr. Hugh Hampton Young described this approach in 1942, in the Transactions of the American Association of Genito-Urinary Surgeons and it may even have been reported before that time. Also, in 1965 Dr. Howard Goldman of Doctor Brentler's Department described this in the Journal and gave credit to Doctor Young.

Reply by Authors. We wish to thank Dr. Sherman Silber for bringing to our attention the fact that his original publication, describing successful autotransplantation of an intra-abdominal testis into the scrotum by microvascular surgery, was omitted from the list of references. Silber and Kelly deserve full recognition for their original and innovative approach and should be credited for their contribution, which indicated that autotransplantation of the testis could be accomplished successfully by microvascular techniques. We apologize for the omission.

We also acknowledge that the midline extraperitoneal and/or transperitoneal approach for unilateral and bilateral impalpable testes is preferred by some surgeons. Indeed, Dr. Hugh Hampton Young did describe this approach.1 We merely wished to express our preference and appreciate another experienced surgeon's point of view. However, we wish to emphasize that the principles of exploration, including the need to demonstrate blind-ending spermatic vessels and to pursue an intraperitoneal exploration if a blind-ending vas or nothing at all is found in the retroperitoneum, should still be mandatory before diagnosis of testicular absence.