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Editorial comment on "Etiology of male urethral strictures—Evaluation of temporal changes at a single center, and review of the literature"

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The manuscript I had the fortune to read prior to publication is the most important and interesting study on urethral stricture disease I have read in recent years.

My colleagues and I are strongly convinced that urethral stricture disease presents different etiologies and pathological characteristics in developed compared to developing countries [1]. Recently, we reported the differences in posterior urethral stricture after pelvic fracture urethral distraction defects in developing (India) and developed (Italy) countries, and the necessary changes in surgical options [1].

We are now working on a geographic analysis of male urethral stricture etiology and site, defining the differences between developing (India) and developed (Italy and USA) populations in a cohort of 2589 patients [2]. Our preliminary data are very interesting [2].

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The article from Heyns and co-workers is a fundamental step on this topic for many reasons.

The authors conducted an extensive search of the literature using the key words "urethra" and "stricture", reviewing 4500 abstracts and 250 articles. Data on stricture etiology and epidemiology were obtained on a total of 6122 patients. In Table 5, the authors summarized the etiology of urethral strictures as reported in the literature during the past three decades, including populations from developed (UK, France, Denmark, USA, Italy, Germany, Sweden, Belgium and others) and developing (Thailand, Ethiopia, Pakistan, Nigeria, BurkinaFaso, India and others) countries. The authors also provided references for these reports. The data that can be extrapolated from Table 5 are extremely interesting.

Urethral reconstructive surgery is totally different if performed in developing or developed countries. The data coming from this article may suggest that some technical challenges, which have become practically obsolete in developed countries could again be emerging in developing countries. Due to increasing migration rates, the urologists working in developed countries will most likely once again encounter the forgotten complicated anterior or posterior urethral strictures that may require a complex approach in treating migrants that have been incorrectly managed in their original country [3]. The implications are evident. The national and international scientific urological societies of developed countries are strongly requested to organize full immersion training opportunities in centers specialized in reconstructive urethral surgery that are now on the rise in developing countries, to achieve a new set of professional values appropriate for approaching the fluctuating clinical

environment of urethral strictures. The goal of the people involved in the educational program would be to provide urologists working in undeveloped countries with the opportunity to be trained in specialized centers where this kind of surgery is currently performed, using all types of approaches that may be deemed necessary by specific intra-operative features [3].

Young urologists in training from developing countries are requested to visit specialized centers for reconstructive urethral surgery in developed countries so as to be confident with a standard of care and techniques in repairing urethral stricture diseases. However, on the other hand, young urologists in training from developed countries are also requested to visit developing countries so as to be confident in repairing different complex urethral stricture diseases in these populations.

Of course, urologists from developing countries are strongly encouraged to assist in increasing, in any country, the establishment of centers specializing in only reconstructive urethral surgery that would then receive the young urologists in training coming from developed countries. This experience-exchange is the future of urethral surgery for the younger generations of medical doctors.

Finally, this important article clearly shows that, when we are discussing the topic of urethral surgery, a well-structured and well-written investigative article is much better than a confused randomized trial [4].

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