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UROLOGY - LETTER TO THE EDITOR

Letter to the editor Re: MR urethrography compared with operative findings for the evaluation of urethral strictures

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Editor,

We read with interest the recent publication by Tao et al. detailing the comparison of MR urethrography compared to conventional X-ray urethrography [1]. A 2 year study involving 87 male patients is presented comparing the utility of MRI and conventional urethrography in assessing the extent of urethral stricture disease.

The benefits of MRI when determining scar tissue around the urethra on T1 sequences are mentioned as is better accuracy of MR in determining the location and exact length of the stricture when compared to flouroscopic urethrography. However, the authors acknowledge the additional cost and the length of time involved when utilising MR as a diagnostic modality.

It is not stated whether any of the 87 patients studied had undergone previous stricture surgery and if any were practicing intermittent self catheterisation. A total of 41 were treated with endoscopic management alone, and of the 46 offered open surgery, it is not stated how many had buccal graft substitution as opposed to anastomotic repair.

The authors are to be commended for performing this study which highlights the changes in the management and radiological assessment of urethral stricture disease in recent years.

Although ultrasonography has limitations, the authors should acknowledge the role of ultrasonography and its application in the "ULTRA" measurement rating system as proposed by Chen et al. [2] when assessing anterior urethral strictures. Stricture location, length, thickness, inner diameter ratio, and complexity have been assessed by ultrasonography [2] in an effort to devise a radiological assessment tool. Specific to the bulbar urethra, ultrasound has a valuable role when determining the urethral lumen diameter [2].

In addition, the role of plain urethrography in the postoperative management of urethral reconstruction is documented and has been shown to be a safe and reproducible technique when used to assess urethral healing at the time of catheter removal [3].

Separately, the role of outcome reported measures is a popular topic in urethral reconstruction. Breyer et al. have reported the Urethral Stricture Symptoms and Impact Measure (USSIM) which aims to capture patient-reported outcomes following urethroplasty [4].

As the assessment, management, and follow-up of urethral stricture disease becomes more elaborate, it remains important for all those working in the field of urethral reconstruction to be aware of the developments occurring in all aspects of this disease entity [5]. Undoubtedly, MR has distinct advantages when used to assess urethral stricture extent, but plain urethrography and ultrasonography remain useful diagnostic and assessment tools for the urethral surgeon.

Yours sincerely,

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