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Editorial Comment on: Surgical Treatment of 31 Complex Traumatic Posterior Urethral Strictures Associated with Urethrorectal Fistulas

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Although the number of patients who have been treated over a period of 22 yr seems to be small at first glance, the authors can be proud of this series [1]. The complex combination of posterior urethral stricture with rectourethral fistula is a rare scenario, and the repair of this defect is one of the most challenging procedures in urethral surgery. The authors also can be proud of their success rates between 77.8% and 100%, depending on the surgical access.

The authors, however, compare the results of a perineal approach with and without inferior pubectomy with a combined transpubic–perineal approach [1]. They also used different types of tissue flaps to prevent recurrence of the fistula. In summarizing their experience, they conclude that the transperineal–inferior pubic approach should be the first treatment choice in these patients because the success rate was 100% and a lower complication rate is to be expected in comparison with the transpubic approach.

These success rates are impressive, but there might be the risk of comparing apples and oranges. As the authors [1] explain, correctly, the choice of approach is dependent on the site and the extent of the fistula and on the length of the strictured urethra. I hardly can imagine any surgeon who would prefer the transpubic approach in the case of a distally located small stricture/fistula. Thus, the authors' conclusion tends to be a matter of course.

We can congratulate the authors [1] for their excellent surgical work, but I do not agree with their conclusion. The decision on the approach, especially in these complex strictures, has to be made individually, stressing the guiding principle that Daniela Andrich formulated recently: Urethral surgery is still as much an art as it is a science [2]. Unfortunately, we will not be able to give general guidelines for the treatment of these rare and complex patients in the near future.

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Editorial Comment on: Surgical Treatment of 31 Complex Traumatic Posterior Urethral Strictures Associated with Urethrorectal Fistulas

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The authors must be congratulated on reporting the outcomes of different surgical approaches for the repair of complex posterior urethral defects associated with rectourethral fistulas [1]. This work was done in a large (31 cases) and homogeneous (only traumatic fistulas) series of patients with adequate (58 mo) follow-up. The success rate (87%) presented by the authors is realistic and honest.

In developed countries, rectourethral fistulas are rarely traumatic in origin but frequently are caused by radical surgery or treatment (radiotherapy) for prostatic or pelvic malignancies. Moreover, the use of transpubic urethroplasty is reported rarely now in developed countries [2]. It is interesting to find that a surgical technique that we have abandoned provides good chances of success when patient conditions are different, as in developing countries.

Recent articles from China reporting widespread use of the transpubic approach to the posterior urethra can be found in the literature [3,4]. Why? Because in China and other developing countries, traumatic posterior defects have the same characteristics that we observed in Europe 30 yr ago [2]. In these countries, agricultural activities are still quite prevalent, accidents on the work site have not dramatically lessened, and the bicycle and motorcycle are the most popularly used vehicles. Cars are old and are not furnished with the security devices