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LETTER TO THE EDITOR

Long-term results and patients' satisfaction after transurethral ethylene vinyl alcohol (Tegress®) injections: a two-centre study: reply to comment by Hurtado and Appell

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Dear Editor,

I thank Dr. Hurtado and Dr. Appell for their comment [1] on the long-term results after transurethral injection of ethylene vinyl alcohol [2].

We criticized the additional amount of injectable in the study carried out by Hurtado and colleagues on the basis of the data of the original European multicentre study; these data have unfortunately never been published but showed a dose-dependent increase of complications. This study was performed in the late 1990s, and at that time the appropriate amount of ethylene vinyl alcohol was unclear as only animal data were available. The latter confirmed material consistence and lack of migration. An interim analysis of data showed a correlation of postoperative complications and amount of injected material, which resulted in the specific dose recommendations that were advised for the used amount of ethylene vinyl alcohol by the manufacturer. This is the background to our discussion of this point quoting the study by Hurtado et al. [3].

I absolutely agree with Hurtado and Appell that the difference in the proportion of naïve patients in their study compared to ours can result in different outcomes; I am sure that any kind of urethral scarring as in the quoted study including male patients after prostatectomy [4] or previous injections with permanent materials will make further injectable treatment difficult and possibly increase the risk for urethral erosion.

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I do not consider our success rate of 42% as exceptionally good for a surgical incontinence procedure; possibly it was just by chance that we did not see urethral erosions in our study of only 33 patients, which is indeed not a large number.

I am not well informed of the reasons for withdrawal of the substance but assume that *any* report of urethral erosion after transurethral injection must be considered a serious adverse event. I guess that complications, particularly after so-called minimally invasive procedures, are often underreported.

We must be cautious using permanent injectables for which there are no long-term data. This is the reason why we implant new substances or devices for incontinence under study conditions and after detailed patient information only.

References

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