

After 2 minutes of contact with 1%tenofovir, motility a underwent a significant decrease in relation to the control sample ( $p < 0.05$ ) (fig. 1). In the case of motility b, no significant difference was observed with respect to the control sample in any of the treatment periods with the 1% tenofovir solution ( $p > 0.05$ ), however, it was apparent that this type of motility was different in the sperm treated with the 1%tenofovir solution when compared to that which was not, as it was slower and the tail propulsion pattern and head movement were different; lastly, as regards motility d, there was a significant increase in comparison to the untreated sperm and that treated with 1%tenofovir in four-minute ( $p < 0.05$ ) and five-minute periods ( $p < 0.01$ ).

These results on the spermicidal activity of some molecules are encouraging, in the sense that they boost the search for spermicides that also have antiviral activity, particularly anti-HIV. According to preliminary observations, despite 1%tenofovir having a moderate sperm immobilising effect, it cannot be classified as a spermicide.

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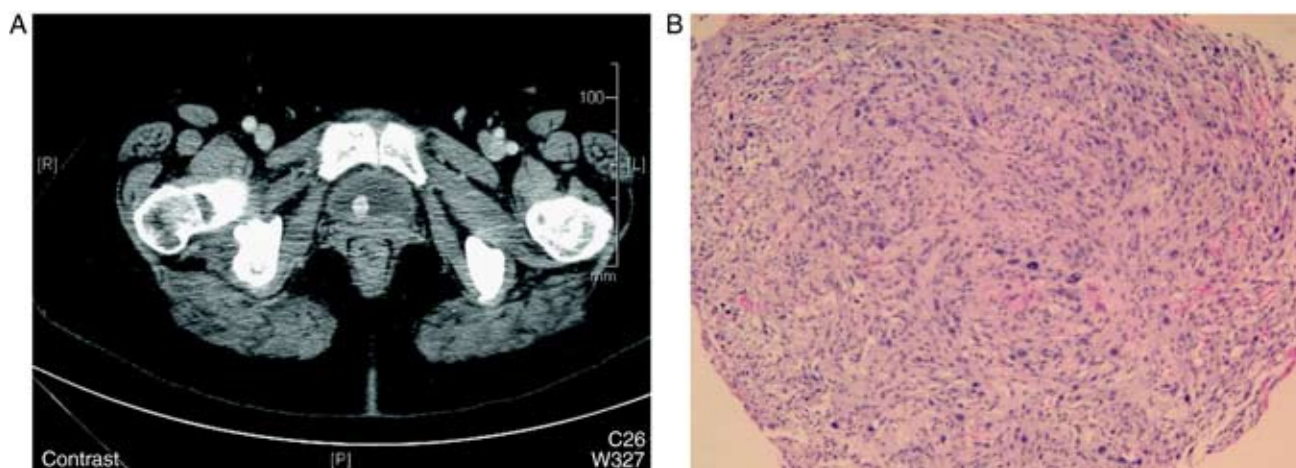
## Gastrointestinal stromal tumour in the urinary bladder

### Tumor del estroma gastrointestinal en la vejiga urinaria

Dear Editor,

GISTs (gastrointestinal stromal tumours) are mesenchymal tumours that are most frequent in the gastrointestinal tract and represent 5% of all sarcomas. They have an estimated annual incidence in 14.5 million, a prevalence of 129 per million and 6,000 new cases per year are published in

North America.<sup>1</sup> Formerly, these tumours were classified as leiomyosarcomas, leiomyoblastomas or schwannomas. They present immunophenotypic characteristics of smooth muscles and positivity of the cells of the myoenteric nervous system; furthermore, they have c-kit and express KIT. The fact that Cajal's interstitial cells are positive for KIT and CD34 hints at the possibility that these cells cause these tumours. They most frequently first appear in the stomach (50-60%) and in the small intestine (25%), however they may appear in any part of the gastrointestinal tract.<sup>1</sup> They are rare outside the gastrointestinal tract and it is thought that their location in the mesentery, omentum or retroperitoneum is most likely due to metastasis or tumour



**Figure 1** A) 13 x 10 mm nodular lesion on bladder wall. B) H-E x20 histological image of neoplastic proliferation.

extension, and they are denominated E-GISTs (Extragastrintestinal stromal tumours).

E-GIST of the urinary bladder is a very rare tumour and the majority of the cases published show invasion of the serous membrane and/or of the entire bladder wall.<sup>2,3</sup> It has been demonstrated that 95% of GIST are CD117-positive (KIT). Other markers include DOG1 (87%), theta-type protein kinase C (80%), CD34 (60%-70%) and smooth muscle actin (30%-40%). This immunohistochemical profile allows differentiating a leiomyosarcoma and schwannoma.<sup>1-3</sup>

We recently diagnosed and treated a patient with e-GIST of the urinary bladder and low mitotic index in the transurethral resection (TUR) of the bladder (fig. 1). The study with PET-CT demonstrated local recurrence in the posterior wall of the bladder, for which reason we once again performed another TUR that performed the persistence of the lesion. We administered adjuvant treatment with Imatinib and the patient was disease-free one year later. We believe that it is the first case that, as such, exclusively involves the bladder wall without presenting pelvic mass attached to the bladder. Therefore, it could be a genuine e-GIST of the urinary bladder. Due to the histological and clinical peculiarity of this pathology, we wanted to share our experience with the diagnosis

and management of this entity with the readers of *Actas Urológicas Españolas*.

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## Obituary for doctor Victor Politano

### Obituario al doctor Victor Politano

*Dear Editor,*

In mid-February 2010, Dr. Victor Politano died in Miami at the age of 91 years. We remember him at *Actas Urológicas Españolas* not only because of his international prestige and extraordinary contributions to conceptual and technical urology, but also because of his close relationship with the Spanish Association of Urology for many years, his frequent visits to Spain as a guest to different courses, his presence at our congresses and because he was awarded the Francisco Díaz medal. Indeed, he received this medal at the Congress held in La Coruña in 1983.

Victor Politano did his residency in urology at Duke University. He began to practise urology as a surgeon in Boston, at the Massachusetts General Hospital, returning later to Duke University until he was appointed Head of the Urology Department of the Jackson Memorial Hospital and Professor of Urology at the Miami University, where he carried out all his medical and academic activities for 30 years. Victor Politano was considered a pioneer in paediatric urology due to his many works and innovations in this field. The ureteral reimplantation that bears his name and which he shares with Leadbetter, was the most lavished intervention of paediatric urology at the time when vesicoureteral reflux was discovered and its unfortunate consequences when it is associated to urinary infection in children. For this reason and because of his ample knowledge, especially during the eighties, which

was a very fertile period of his life, to visit his surgery and Department in Miami was really spectacular. The most varied urological child pathologies coincided there together with his excellent therapeutic criteria on countless paediatric processes, even the most exotic.

Victor Politano was also highly considered in his academic life, due to his extraordinary capacity to communicate. During the eighties, he could often be found at congresses together with his excellent friends, Joseph Kaufman and Ian Thompson, with whom he shared friendliness and openness towards young and resident urologists. His academic activities and professional career received the acknowledgement of the American Urological Association, of which he was President and recipient of the Ramón Gúterres award, as well as that of many other national and international associations. With the passing of Victor Politano, we say goodbye to a unique way of practising paediatric urology, perhaps the most paternalist and familiar, however of an extraordinary scientific level. Countless South American students who are today outstanding members of the American Urological Confederation, of which he was also President, remember him with affection and admiration, due to his capacity for leadership, his professional exemplarity and his generosity.

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