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Letter to the Editor

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Urethral Stent Insertion following Internal Urethrotomy in the Management of Urethral Stricture

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Dear Editor,

Urethral stricture (US) is one of the oldest and most difficult illnesses known to urology. The management purpose of US is to devise a safe, effective, and durable treatment with minimal side effects. Since its initial report in 1974 by Sachse [1], internal urethrotomy (IU) has become a mainstay in US management because of its safety, simplicity, and short convalescence. However, the success rate after initial IU is low [2]. We have carefully read a systematic review article published in *Urologia Internationalis* by Torres Castellanos et al. [3], and their findings and conclusions are indeed interesting. This article addresses the issue of a minimally invasive treatment method by comparing laser with cold knife for US, and the authors found that the recurrence rate was significantly lower in the laser urethrotomy group.

Considering that repeated endoscopic procedures increase the risk of exacerbating spongiofibrosis and complicating definitive urethroplasty [4], challenging methods should be raised and encouraged to be applied to patients who are likely to have urethroplasty under general anesthesia. Alternatively, dilation methods could be applied to US; however, dilation methods have a similar success rate compared to IU, and the method is only recommended for short-length US [5]. Therefore, the article by Torres Castellanos et al. [3] is not only helpful for enhancing more professional information about minimally invasive treatment methods for US, but also encourages physicians to perform further clinical trials to create alternative options. Similar to the authors above, we are working on ways to find novel minimally invasive treatment methods for US. However, it is difficult to find literature showing the efficacy of a temporary urethral stent following urethrotomy compared to urethrotomy only. We felt that postoperative results including maximum urinary flow rate and recurrence rate were better than with IU only. Silagy et al. [6] retrospectively reviewed a case series of patients treated by IU followed by a temporary urethral stent where most cases were previously managed by other procedures. We think that if they had conducted their study with patients who had never undergone any procedure before, they would have achieved better results. Recently, we routinely inserted a urethral stent following IU in US patients. We hope that our ongoing study will be a valuable contribution to *Urologia Internationalis*.

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Disclosure Statement

The authors have no conflicts of interest to declare.

Author Contributions

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