RE: Management of Anterior Urethral Stricture: A survey of Contemporary Practice of Iranian Urologists

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We read with interest the recent paper by Hosseini et al detailing the management practice of Iranian Urologists towards the management of anterior urethral stricture disease[1]. Although the authors mention the causes of anterior stricture disease, they omit to mention trauma as a contributory factor in anterior urethral disease as straddle injuries frequently case bulbar strictures[2].

The authors proceed to mention the treatment options available to the urologist for the management of stricture disease, namely endoscopic and open urethroplasty, but fail to mention the recently introduced Optilume treatment which is now recognized as minimally invasive treatment option for urethral strictures as reported In the ROBUST trial[3].

The results of a 10-month practice audit of attitudes towards management of stricture disease and experience of urethroplasty are then discussed. Urethral dilatation was the most commonly performed procedure for stricture disease preceding the study. Interestingly, only 1.32% of urologists surveyed highlighted reconstruction as their primary interest with over 80% of those surveyed stating that formal urethroplasty was not offered to patients due to lack of experience. Additionally, 93.8% of urologists surveyed did not perform urethroplasty with only 2 urologists performing the bulk of urethroplasty.

Specific to the United Kingdom, a 2019 paper reported the results of a 7-year audit of 50 urologists from 39 centres [4]. This study demonstrated that 50% of patients referred for penile or bulbar urethroplasty had undergone 2 endoscopic stricture procedures prior to referral. Recent American Association Guidelines suggest that, in males, first time stricture can be, or recurrent anterior stricture disease should be, referred for urethroplasty[5]. A further UK study utilizing the same 2019 data highlighted that most reconstructive surgery was performed in 10 of 39 centres surveyed with most performing in excess of 20 per year 6. This replicates the recent study by Hosseini et al where by urethroplasty is concentrated in specialist centres[1].

The authors are to be commended on their recent paper which highlights the lack of experience in urethroplasty in two different healthcare economies and the need for patients with recurrent disease to be referred to specialist centres who deal with high volume reconstructive urology.

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