Letters and comments

Contributors to this section are asked to make their comments brief and to the point. Letters should comply with the instructions to authors at <http://www.rcseng.ac.uk/publications/annals/authorinstructions.html>. Tables and figures should only be included if absolutely essential and no more than five references should be given. The editor reserves the right to shorten letters and subedit contributions to ensure clarity.

COMMENT ON

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HDI De'ath, O Kayes. The use of cough to sample detrusor muscle during flexible cystoscopic biopsy. *Ann R Coll Surg Engl* 2007; **89**: 537

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The need for rigid cystoscopy and resection of tumour (TURBT)

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Whilst we agree that coughing may lower the patient's subjective perception of pain, we are unsure whether this technique would improve the diagnostic yield of muscle invasive bladder carcinoma identified by biopsy. Flexible cystoscopy is good in diagnosis and biopsy of superficial diseases of the bladder in trained hands¹ but is not reliable in identifying muscle invasive bladder carcinoma as this requires resection of the tumour together with the underlying lamina propria (*i.e.* for diagnosis of T1b tumours) or detrusor muscle to stage the tumour accurately.

It has also been long known that the main risk associated with bladder biopsy is that of bladder perforation.² The incidence of asymptomatic bladder perforation following routine bladder operation for investigation of bladder

tumour can be as high as 58.3%.³ We feel that with the technique described by De'ath and Kayes, one may lose the preciseness of controlling the depth of biopsy which may result in inadvertent perforation of the bladder.

A formal rigid cystoscopy and resection of tumour (TURBT) should, therefore, be organised if suspicion of muscle invasion arises during flexible cystoscopy.

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3. Balbay MD, Cimentepe E, Unsal A, Bayraktar O, Koç A, Akbulut Z. The actual incidence of bladder perforation following transurethral bladder surgery. *J Urol* 2005; **174**: 2260–2, discussion 2262–3.

AUTHOR'S RESPONSE

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I am grateful to Hori, Patki and Shah for their letter written in response to our brief tip on detrusor muscle sampling during flexible cystoscopy. I am in agreement with their comments and do not oppose the points made. The tip was simply described to highlight a means of both reducing pain during flexible cystoscopy as well as facilitating the sampling of detrusor as an adjunct to the provisional diagnosis and description of a lesion. I am fully aware that positive findings at flexible cystoscopy are an indication to proceed to rigid cystoscopy thereby enabling complete excision and formal histological analysis of a lesion.

In spite of the well-described risks of perforation, I assure the authors that we had not one single incidence of this despite the large numbers of patients on which the technique was applied. Might I suggest that the authors trial the technique and review their experiences thereafter?