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Reply to the letter of Professor de Sa Earp

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Sir,

Much to my surprise I read the Letter to the Editor by Professor de Sa Earp. He is convinced to have published the same model already 2 years before [Int Braz J Urol (2003) 29:151–154]. In the following I will pick up his arguments and clearly explain why this is definitely not the case.

Of course, we have an identical aim (i.e. improving the training of endourological procedures) and both use porcine organs. The use of animal organs for training of endourological procedures has definitely not been invented by Professor de Sa Earp. I may remind our publication on the use of the porcine urinary tract [W. L. Strohmaier, A. Giese (2001) Porcine urinary tract as a training model for ureteroscopy. Urol Int 66:30–32] which was the base for developing our PCNL training model. In this model, we already used ureteral catheters and injection of contrast medium. So, I could ask Professor de Sa Earp why he used a method initially invented by me without quoting this reference?

Of course, both models use material to hide the kidneys. Professor de Sa Earp's model, however, uses kidneys which are only wrapped in foam. This is not comparable to the "real life" situation in humans. When carefully looking at the pictures published by Professor de Sa Earp, you will see that the wrapping is incomplete. With other words the trainee can partially see the kidney.

By wrapping an organ with foam you have no close contact between the organ and the wrapping. Among

others, this results in air–organ interfaces. The foam itself contains a lot of air. Therefore it is not possible to puncture the kidney by ultrasound guidance. Ultrasound puncture, however, is the method of choice for puncturing kidneys. Furthermore, foam wrapping gives no "tissue feeling" which is essential for a model next to the clinical situation. These points clearly show that the model of Professor de Sa Earp is a very simple one far from the human situation.

Our model uses kidneys which are completely embedded in silicon or gelatine thus avoiding any interference with air. Our model is the only one described which can be used for ultrasound guided puncture of the kidney which is—as already mentioned—the preferred technique. As in humans the kidneys can be visualized only by ultrasound or fluoroscopy, you cannot see the kidney and its orientation by eyes as it is the case with Professor de Sa Earp's model.

The most important point, however, is the fact that we developed our model already in 2001. At that time we used it for the first time in training courses and prepared the publication including a literature search.

As can be easily proved, the first abstract of our model was submitted to the tenth European Symposium on Urolithiasis in December 2002. Professor de Sa Earp's publication, however, appeared in 2003.

It looks like two urologists were both looking quite simultaneously for a way to improve endourology training. Both found a way how to do it, but the way is not identical.

Editorial comments on this letter can be found at <http://dx.doi.org/10.1007/s00240-005-0011-7>

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