



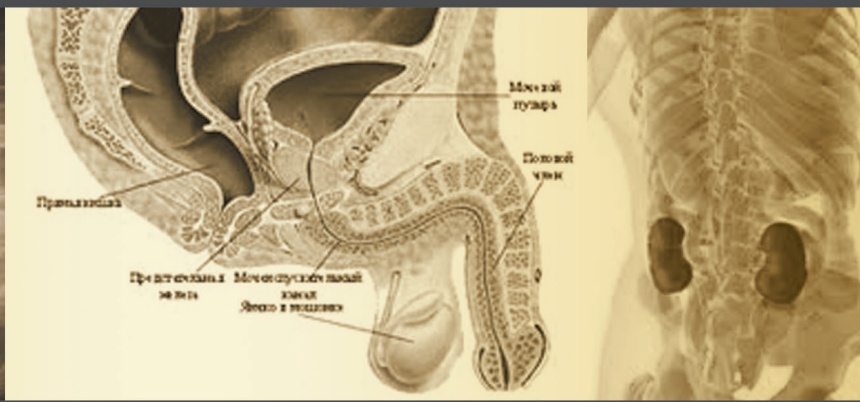
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*in Türkiye*

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# JOURNAL OF UROLOGICAL SURGERY

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The Journal of Urological Surgery accepts invited review articles, research articles, brief reports, case reports, letters to the editor, and images that are relevant to the scope of urology, on the condition that they have not been previously published elsewhere. Basic science manuscripts, such as randomized, cohort, cross-sectional, and case control studies, are given preference. All manuscripts are subject to editorial revision to ensure they conform to the style adopted by the journal. There is a single blind kind of reviewing system.

The Editorial Policies and General Guidelines for manuscript preparation specified below are based on "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)" by the International Committee of Medical Journal Editors (2013, archived at <http://www.icmje.org/>).

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The Journal of Urological Surgery's editor and Editorial Board members are active researchers. It is possible that they would desire to submit their manuscript to the Journal of Urological Surgery. This may be creating a conflict of interest. These manuscripts will not be evaluated by the submitting editor(s). The review process will be managed and decisions made by editor-in-chief who will act independently. In some situation, this process will be overseen by an outside independent expert in reviewing submissions from editors.

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Manuscripts should be prepared according to ICMJE guidelines (<http://www.icmje.org/>).

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Technical and other assistance should be provided on the title page.

### Title Page

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The title page should include the authors' names, degrees, and institutional/professional affiliations, a short title, abbreviations, keywords, financial disclosure statement, and conflict of interest statement. If a manuscript includes authors from more than one institution, each author's name should be followed by a superscript number that corresponds to their institution, which is listed separately. Please provide contact information for the corresponding author, including name, e-mail address, and telephone and fax numbers.

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**Word Count:** A word count for the manuscript, excluding abstract, acknowledgments, figure and table legends, and references, should be provided not exceed 3000 words. The word count for an abstract should be not exceed 250 words.

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Turkish abstract texts should be written in accordance with the Turkish Dictionary and Writing Guide of the Turkish Language Association.

### Abstract

**Objective:** The abstract should state the objective (the purpose of the study and hypothesis) and summarize the rationale for the study.

**Materials and Methods:** Important methods should be written respectively.

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**Results:** Important findings and results should be provided here.

**Conclusion:** The study's new and important findings should be highlighted and interpreted.

Other types of manuscripts, such as case reports, reviews and others will be published according to uniform requirements. Provide at least 3 keywords below the abstract to assist indexers. Use terms from the Index Medicus Medical Subject Headings List (for randomized studies a CONSORT abstract should be provided (<http://www.consort-statement.org>).

After keywords in original research articles there must be a paragraph defining "What is known on the subject and what does the study add".

### Original Research

**Abstract length:** Not to exceed 250 words. "What is known on the subject and what does the study add" not exceed 100 words.

**Article length:** Not to exceed 3000 words.

**Original researches should have the following sections:**

**Introduction:** The introduction should include an overview of the relevant literature presented in summary form (one page), and whatever remains interesting, unique, problematic, relevant, or unknown about the topic must be specified. The introduction should conclude with the rationale for the study, its design, and its objective(s).

**Materials and Methods:** Clearly describe the selection of observational or experimental participants, such as patients, laboratory animals, and controls, including inclusion and exclusion criteria and a description of the source population. Identify the methods and procedures in sufficient detail to allow other researchers to reproduce your results. Provide references to established methods (including statistical methods), provide references to brief modified methods, and provide the rationale for using them and an evaluation of their limitations. Identify all drugs and chemicals used, including generic names, doses, and routes of administration. The section should include only information that was available at the time the plan or protocol for the study was devised on STROBE (<http://www.strobe-statement.org/>).

**Statistics:** Describe the statistical methods used in enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. Statistically important data should be given in the text, tables and figures. Provide details about randomization, describe treatment complications, provide the number of observations, and specify all computer programs used.

**Results:** Present your results in logical sequence in the text, tables, and figures. Do not present all the data provided in the tables and/or figures in the text; emphasize and/or summarize only important findings, results, and observations in the text. For clinical studies provide the number of samples, cases, and controls included in the study. Discrepancies between the planned number and obtained number of participants should be explained.

Comparisons, and statistically important values (i.e. p value and confidence interval) should be provided.

**Discussion:** This section should include a discussion of the data. New and important findings/results, and the conclusions they lead to should be emphasized. Link the conclusions with the goals of the study, but avoid unqualified statements and conclusions not completely supported by the data. Do not repeat the findings/results in detail; important findings/results should be compared with those of similar studies in the literature, along with a summarization. In other words, similarities or differences in the obtained findings/results with those previously reported should be discussed.

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Cite references in the text, tables, and figures with numbers in parentheses. Number references consecutively according to the order in which they first appear in the text. Journal titles should be abbreviated according to the style used in Index Medicus (consult List of Journals Indexed in Index Medicus). Include among the references any paper accepted, but not yet published, designating the journal and followed by, in press. Authors are solely responsible for the accuracy of all references.

#### Examples of References:

##### 1. List All Authors

Ghoneim IA, Miocinovic R, Stephenson AJ, Garcia JA, Gong MC, Campbell SC, Hansel DE, Fergany AF. Neoadjuvant systemic therapy or early cystectomy? Singlecenter analysis of outcomes after therapy for patients with clinically localized micropapillary urothelial carcinoma of the bladder. *Urology* 2011;77:867-870.

##### 2. Organization as Author

Yaycioglu O, Eskicorapci S, Karabulut E, Soyupak B, Gogus C, Divrik T, Turkeri L, Yazici S, Ozen H; Society of Urooncology Study Group for Kidney Cancer Prognosis. A preoperative prognostic model predicting recurrence-free survival for patients with kidney cancer. *Jpn J Clin Oncol* 2013;43:63-68.

##### 3. Complete Book

Wein AJ, Kavoussi LR, Novick AC, Partin AW, Peters CA. *Campbell-Walsh Urology*, 10th ed. Philadelphia, Elsevier&Saunders, 2012.

##### 4. Chapter in Book

Pearle MS, Lotan Y. Urinary lithiasis: etiology, epidemiology, and pathogenesis. In: Wein AJ, Kavoussi LR, Novick AC, Partin AW, Peters CA. *Campbell-Walsh Urology*, 10th ed. Philadelphia, Elsevier&Saunders, 2012, pp 1257-1323.

# JOURNAL OF UROLOGICAL SURGERY

## INSTRUCTIONS TO AUTHORS

### 5. Abstract

Nguyen CT, Fu AZ, Gilligan TD, Kattan MW, Wells BJ, Klein EA. Decision analysis model for clinical stage I nonseminomatous germ cell testicular cancer. *J Urol* 2008;179:495a (abstract).

### 6. Letter to the Editor

Lingeman JE. Holmium laser enucleation of the prostate-If not now, when? *J Urol* 2011;186:1762-1763.

### 7. Supplement

Fine MS, Smith KM, Shrivastava D, Cook ME, Shukla AR. Posterior Urethral Valve Treatments and Outcomes in Children Receiving Kidney Transplants. *J Urol* 2011;185(Suppl):2491-2496.

### Case Reports

**Abstract length:** Not to exceed 100 words.

**Article length:** Not to exceed 1000 words.

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**Article length:** Not to exceed 500 words.

Authors can submit for consideration an illustration and photos that is interesting, instructive, and visually attractive, along with a few lines of explanatory text and references. Images in Urology can include no more than

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# JOURNAL OF UROLOGICAL SURGERY

## CONTENTS

### Original Researches

- 48** Assessment of Risk Factors, Treatment and Hospital Stay in Complicated Urinary Tract Infections in Men Caused by Pseudomonas: A Case-Control Study  
*Erkeklerde Pseudomonas ile Gelişen Komplike Üriner Sistem Enfeksiyonlarında Risk Faktörlerinin, Tedavi ve Hastane Yatış Sürelerinin Değerlendirilmesi: Olgu-Kontrol Çalışması*  
Hasan Selçuk Özger, Ömer Kardeşahin, Emine Füsün Kardeşahin, Ümmügülüm Gaygusuz, İlker Şen, Murat Dizbay, (Gaziantep, Erzurum, Ankara, Türkiye)
- 53** An Independent Validation of 2010 Tumor-Node-Metastasis Classification for Renal Cell Carcinoma: A Multi-center Study by the Urooncology Association of Turkey Renal Cancer-Study Group  
*Böbrek Hücreli Kanser Tümör-Nod-Metastaz 2010 Sınıflaması Türkiye Validasyonu: Üroonkoloji Derneği Böbrek Kanseri Çalışma Grubu Çok Merkezli Çalışması*  
Tayyar Alp Özkan, Saadettin Eskiçorapçı, Özgür Yayıoğlu, Bülent Akdoğan, Çağatay Göğüs, Ayhan Dirim, Cavit Can, Asif Yıldırım, Haluk Özen, Levent Türkeri, Urooncology Association of Turkey Renal Cancer-Study Group, (Kocaeli, İstanbul, Adana, Ankara, Eskişehir, Türkiye)
- 61** The Significance of the Contralateral Testis Size Measurement with Ultrasonography in Predicting Monorchism in Boys with Nonpalpable Testicles  
*Palpe Edilemeyen Testisli Çocuklarda Monoorşidizmi Öngörmede Ultrasonografiyle Ölçülen Kontralateral Testis Boyutunun Önemi*  
Çağrı Akın Şekerci, Yılören Tanıdır, Tarık Emre Şener, Ruslan Asadov, Ahmet Şahan, Tufan Tarcan, Ferruh Şimsek, Cem Akbal, (İstanbul, Türkiye)
- 66** Comparison of Efficacy of Shock Wave Lithotripsy in Different Age Groups  
*Şok Dalga Tedavisinin Etkinliğinin Farklı Yaş Gruplarında Karşılaştırılması*  
Mehmet İlker Gökçe, Aykut Akıncı, Çağrı Akpınar, Adem Sancı, Vahid Talha Solak, Evren Süer, (Ankara, Türkiye)
- 71** Effects of Treatment on Angiogenic (Vascular Endothelial Growth Factor-2 and Matrix Metalloproteinase-2) and Antiangiogenic (Endostatin and Thrombospondin-1) Factors in Non-muscle Invasive Bladder Carcinoma  
*Kas İnvaziv Olmayan Mesane Kanseri Tedavinin Anjiyogenik (Vasküler Endotelial Büyüme Faktörü-2 ve Matris Metaloproteinaz-2) ve Antiangiyogenik (Endostatin ve Trombospondin-1) Faktörler Üzerine Etkisi*  
Gökhan Temeltaş, Funda Kosova, Oktay Üçer, Talha Müezzinoğlu, Zeki Arı, (Manisa, Türkiye)

### Case Reports

- 76** A Transitional Cell Tumor of the Bladder in a Young Adult: A Case Report and Review of the Literature  
*Genç Bir Yetişkinde Görülen Değişici Epitel Hücreli Mesane Tümörü: Olgu Sunumu ve Literatürün Gözden Geçirilmesi*  
Hüseyin Koçan, Şiir Yıldırım, Enver Özdemir, Mehmet Yazıcı, Erhan Erdoğan, Fuat Ernis Su, Mehmet Uhri, (İstanbul, Türkiye)
- 79** Retroperitoneal Schwannoma: A Case Report  
*Retroperitoneal Schwannom: Bir Olgu Sunumu*  
Cevahir Özer, Mehmet Reşit Gören, Bermal Hasbay, Gürkan Erbay, (Adana, Türkiye)
- 82** Renal Primitive Neuroectodermal Tumor  
*Böbrek Primitif Nöroektodermal Tümörü*  
Hüseyin Çelik, Ahmet Camtosun, İbrahim Dursun, Nusret Akpolat, İsmail Okan Yıldırım, (Malatya, Türkiye)

# JOURNAL OF UROLOGICAL SURGERY

## CONTENTS

---

- 85** Duodenorenal Fistula as a Complication of Radiofrequency Ablation of Hepatic Metastasis of Renal Cell Carcinoma  
*Parameatal Üretral Kist: Olgu sunumu*  
Arman Erkan, Coşkun Özer, Ahmet Bülent Doğrul, Haluk Özen, Okan Akhan, Osman Abbasoğlu, (Ankara, Türkiye)
- 88** Parameatal Urethral Cyst: A Case Report  
*Renal Hücreli Karsinomun Karaciğer Metastazında Radyofrekans Ablasyonun Komplikasyonu Olarak Gelişen Duodenorenal Fistül*  
Hasan Hüseyin Tavukçu, Naşide Mangır, Bekir Özgür Dokanakoğlu, Tufan Tarcan, (İstanbul, Karaman, Türkiye, Sheffield, United Kingdom)

### Images in Clinical Urology

---

- 91** The Role of Computed Tomography Findings in Prediction of Stone Composition  
*Bilgisayarlı Tomografi Bulgularının Taş Kompozisyonunu Öngörmedeki Rolü*  
Serdar Çelik, Canan Altay, Ozan Bozkurt, Fatih Gülbey Kaya, Ömer Demir, Mustafa Seçil, (İstanbul, Türkiye)

### 94 Urologic Surveys

### Pathology Page

---

- 102** Prostat Karsinomu ve Renal Hücreli Karsinoma Histolojik Derecelemesinde Son Durum  
*Prostat Karsinomu ve Renal Hücreli Karsinoma Histolojik Derecelemesinde Son Durum*  
Duygu Kankaya, (Ankara, Türkiye)