



The Need for Highlevel Evidence for Genitourinary Tuberculosis (GUTB) Surgical Therapies

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To the editor,

We read with great interest the manuscript by Figueiredo et al., titled "Urogenital Tuberculosis: A Narrative Review and Recommendations for Diagnosis and Treatment" (1). We commend the authors for their comprehensive review of a topic that is often underrepresented. Notably, their focus on potential surgical therapies for genitourinary tuberculosis (GUTB) addresses one of the least explored areas in current literature.

While recent studies have provided substantial evidence regarding medical management, there remains a paucity of high-quality data on surgical interventions for GUTB. The existing literature predominantly consists of small case series and retrospective analyses, which are limited by inherent biases and lack generalizability (2). Consequently, the absence of robust clinical guidelines complicates surgical decision-making and may hinder optimal patient care (3).

An additional concern is the disparity between regions heavily burdened by GUTB and those with the resources to conduct extensive research. Countries with high incidence rates often lack the infrastructure for large-scale studies, while those with advanced research capabilities may have limited clinical exposure to GUTB cases (4, 5). This imbalance impedes the development of standardized surgical protocols and may lead to varied practices based on individual surgeon experience, potentially affecting patient outcomes.

To bridge this gap, we advocate for the establishment of international collaborative databases focused on surgical management of GUTB. Such initiatives would facilitate data sharing, enable prospective studies, and contribute to the formulation of evidence-based guidelines. By leveraging collective expertise and resources, the urological community can enhance the quality of care for patients worldwide.

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CONFLICT OF INTEREST

None declared.

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