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Effect of tamsulosine in the treatment of urolithiasis

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Introduction and Objectives: Tamsulosin is an α_{1a} -selective alpha blocker which can be used, beside for BPE, also in the treatment of urolithiasis, respectively uromicrolithiasis.

Our purpose is to give a picture of the effect of tamsulosine in the treatment, respectively elimination of uroliths.

Material and Methods: Our paper is a perspective study, which includes a period time of May 2008 until May 2011. Patients are divided in two groups: 220 of them were treated with tamsulosine and analgetics (Diclofenac), for two, respectively four weeks and 120 other patients (control groups), were treated only with analgetics and superhydration. The size of uroliths varies of 5 to 10 mm. Diagnoses were decided with ultrasounds or uropeyelography.

The material has been collected in the Private Urologic Polyclinics "Pro-Ren" in Ferizaj and University Clinical Center of Kosovo, in Pristina.

Results: 70 cases (31.8 %) from the first group, whose stones are localized in the kidney, respectively calyces and pelvis, with sizes of 5-7 mm, only five of them have sizes above 7 mm, respectively three of them had sizes of 9 mm and two others with 10 mm. Elimination of uroliths happened in 65 cases, respectively in 92.8%, inside two-four weeks, from the moment they started applying tamsulosine. Meanwhile the other 5 cases (7.2%), additional methods were necessary: ESWL, respectively , application of J-J stents; 90 of the patients or 40.9%, with uroliths in proximal part of the ureters (from U-P junction until pelvic part of the ureter), with sizes of 5-7 mm, in 85 cases or 89%, have eliminated uroliths, only with use of tamsulosine for 2-4 weeks, meanwhile in 5 cases (5.5%), additional methods were necessary, respectively URS-lithotripsy in three cases (3.3%) and application of J-J stents, in two cases (2.2%). In 60 cases (27.7%), with uroliths in distal part of ureters (pelvic and intramural parts), with sizes of 5-7 mm, the uroliths were eliminated in 57 cases or 95 %, by using tamsulosine and analgetics (Diclofenac) and in three cases (5%) the J-J stents were applied.

The other control group made of 120 cases, resulted with spontaneous elimination of uroliths in 40 cases or (33.58%) and in 80 cases (66.42%), additional methods like J-J stents or URS- lithotripsy were applied.

Conclusions: Of above mention results , we can see that tamsulosine, as an α_{1a} -selective alpha blocker, is a medication with strong effect in elimination of uroliths, sizes from 5-7 mm, so we prefer to use it widely and results are very encouraging, in this direction.