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Optimal management of concomitant pelviureteric junction obstruction and renal lithiasis

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Purpose: To identify potential causal associations regarding the optimal management for simultaneous pelviureteric junction obstruction (PUJO) and renal lithiasis.

Method: We performed a review of the literature by researching electronic databases, namely Medline, PubMed, e-medicine and Cochrane database. Key words used included pelviureteric junction obstruction, nephrolithiasis, pyeloplasty, nephroscopy, ureteroscopy and stone treatment. Published articles were reviewed to identify a possible causal relationship between PUJO and renal stones and available treatment strategies.

Results: Stones may co-exist in PUJO in up to 20% of patients. An underlying metabolic disturbance seems to play a significant role in such patients. Laparoscopic pyeloplasty, as well as endopyelotomy can be safely combined with percutaneous or intraoperative lithotripsy to achieve stone free rates of more than 90%.

Conclusions: A systematic approach is required for successful results in cases of concomitant PUJO and renal lithiasis. Management should be adjusted with respect to stone size and degree of renal functional impairment due to the obstruction, which are established prognostic factors of operative outcome and preservation of renal function.

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