

PP-123

Outcome of ureteroscopy for treatment of pediatric ureteral stones

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Purpose: We assess the efficacy and safety of semirigid ureteroscopy for treatment of ureteral stones in children.

Materials and Methods: The records of 18 non consecutive children with symptomatic ureteral stones treated with ureteroscopy between July 2008 and January 2010 in the Department of Urology at Minia University Hospital were reviewed. Their mean age was 7.6 years (range 15 months -14 years). Stones were located in the middle ureter (opposite the sacroiliac joint) in 3 cases and lower ureter either juxtavesical or intramural in 15 cases. Semirigid (Wolf 8F) ureteroscope was used in all cases. A 0.038 inch floppy-tipped guidewire was passed through the selected ureteric orifice, advanced under direct vision, and monitored fluoroscopically. Dilatation of the ureteral orifice was necessary in 7 cases. We made the choice between direct extraction or disintegration using the pneumatic lithotripter (Lithoclast™) (depending on the approximate stone size and estimated capability with the ureteral lumen). Follow-up of the patients was done for 6 months.

Results: Ureteroscopic procedures were successfully completed in 16 children (89%). Stones were located at the middle ureter in 3 (19%) cases and various levels of the lower third ureter in 13 (81%) cases. Stone size varied from 4 to 10 mm (mean 7mm). Stones were fragmented with pneumatic lithotripsy in 9 (56%) cases and removed by forceps without fragmentation in 7 (44%). stent was left in place for 3 days to 3 weeks in 12 (75%) cases. The early postoperative complications were insignificant hematuria in 2 patients and renal colic and fever in 3 patients. No complications were observed during the period of follow up.

Conclusion: With fine and careful instrumentation, we believe that, ureteroscopy in children can be a feasible treatment option for ureteral stones in skilled hands and with the aid of the experience gained in the adult population.

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