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The management forgotten stents after ESWL

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Introduction and Objectives: After starting to apply the ESWL, percutaneous litholapaxy and URS-lithotripsy, in order to manage urolithiasis, the indications for using the "JJ" ureteral stents are not rare. Meanwhile, there is a limit time for keeping them in, because if they are kept more than 6 weeks or 2 months, there is a possibility for crystallization, especially in the upper and lower "J" parts, where crystallization happens very often, and that turns to be a problem for their extractions.

We introduce 12 cases of their maintenance more than three months (more than two years) and the way of their management.

Materials and Methods: The material is taken from the protocol of our Urology Clinics during the period time from April 2005- April 2011.

We introduce 12 cases of the "J J" ureteral stents calcification and the way of their management. Of those 12 cases, in the 8 cases we see the calcifications, only in the upper "J" (pyelon), in 2 cases, the calcification happened only in the lower "J" (bladder) and in the 2 other cases the calcifications has happened in the upper and lower "J" (pyelon and bladder).

Results: For the first 8 cases, we used the ESWL as a managing method, where after one or two séances, we could destroy the calcifications in the upper "J" in the six of the cases and then we extracted the stents, meanwhile in the two other cases, we performed four séances of ESWL, with 4000 strikes, but we could not achieve to destroy the calcifications, so we had to use the pyelolithotomy for extracting the stents. In two cases with calcifications of upper and lower "J", we could destroy the calcifications with ESWL in upper "J" and with cystolithotripsy in lower "J" and then we extracted the stents. Two other cases with calcifications only in the lower "J" were treated with cystolithotripsy and the stents were extracted without any problems.

Conclusions: We can conclude that in cases where we deal with "forgotten" stents for a long time in the urinary tract, we should use less invasive methods for managing these cases, such as ESWL and cystolithotripsy, or combining them both. But, in some cases, we have to apply more invasive steps, which are non-preferred, but are necessary, such as pyelolithotomy, in order to save the kidney function.