

Editorial comment

We read with interest this paper on calculus anuria due to ureteric calculi that were treated successfully with primary ureteroscopy and laser fragmentation of stones. Calculus anuria has been recognised as a true urological emergency and already decades ago the urgency of surgical decompression of the urinary tract was considered paramount as initial treatment. Reports during the 1930s describe and underline the importance of drainage, whether by nephrostomy or ureteric catheterisation [1,2]. A recent series of 66 patients with calculus anuria reported a 7.5% mortality rate, despite having emergency decompression of the urinary tract [3]. For almost a century now the treatment of calculus anuria has consisted of an initially conservative approach either by ureteric stenting or by nephrostomy insertion. Definitive stone treatment was usually delayed until after the acute phase had been resolved.

The management of ureteric colic and calculi has seen marked advances with the rapid progression of endourological technologies, with open surgery now being almost a thing of the past. These technological advances have allowed for a more definitive initial treatment. This led to a rise in the use of primary ureteroscopy even in emergency settings, and this has been shown to be safe and effective [4,5]. There are few reports of primary ureteroscopy in calculus anuria. There are only two other case series reporting on the use of ureteroscopy with laser fragmentation in calculus anuria [6,7]. Both of these series describe the successful and safe treatment of impacted stones in the anuric patient, with stone-free rates of up to 90%.

This article reflects the more technically advanced endourological management available for ureteric stone disease to date.

This can be applied to the management of obstructing calculi in the presence of anuria and renal failure. However, a word of caution must be added. These cases are difficult both surgically and anaesthetically, requiring an experienced endourologist and anaesthetist. Therefore, careful consideration should be given as to whether the expertise available allows taking the risks involved.

References

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Priyadarshi Kumar

Noor Buchholz

Endourology & Stone Services,

Barts and The Londong NHS Trust,

London, UK

E-mail: nb@londonurologyconsultant.com (N. Buchholz)