

## Editorial Comment

### Editorial Comment to Dual ureteral stent placement after redo laser endoureterotomy to manage persistent ureteral stricture

Isogai *et al.* experienced and attempted the management of ureteral stricture after ureteroscopic lithotripsy.<sup>1</sup> Dual ureteral stent placement has become a common procedure for postoperative ureteral stricture since publishing randomized clinical trial in 2015.<sup>2</sup> I guess the ureteral stricture has become a potential trouble during ureteroscopic surgery since ureteroscopic procedures development. The postoperative silent hydronephrosis after ureteroscopic lithotripsy might have increased without knowing this fact. Systematic observation after ureteroscopic surgery is required to judge whether the postoperative hydronephrosis which is named by silent obstruction is or not. Weizer *et al.* found that silent ureteral obstruction after ureteroscopy developed in 2.9% of the patients at a mean of 5.4 months of follow-up.<sup>3</sup> Therefore, the authors advocated a routine 3-month postoperative radiographic imaging surveillance.

There are some risk factors associated with ureteral stricture after ureteroscopy such as impacted stone, stone size, ureteral perforation, using ureteral access sheath, using holmium YAG laser itself, and large caliber ureteroscope use.<sup>4</sup> Therefore, the operator should pay attention to use these devices during ureteroscopy. The management for ureteral stricture is not an easy way for such patients as well as surgeons. There is some treatment for ureteral stricture including endourological treatment, ureteral stent replacement, ureter reconstruction, and nephrectomy. Endourological procedures are less invasive intervention. Although it depends on ureteral stricture length, the overall success rate was generally 55–85% in endourological intervention.<sup>5</sup> However, effective surgical method is not still determined, where is the incision portion in stricture, what is the laser setting, and how depth is cutting down in ureteral mucosa. In addition, dwelling ureteral stent after endourological treatment plays an important role to avoid the re-ureteral stricture. However, the appropriate duration of stent placement, stent size, and stent type postoperatively are still controversial. Ibrahim *et al.*

reported very interesting stent placement after endourological treatment for ureteral stricture. They used two 7-Fr ureteral stent and left placing stent for 8 weeks. They revealed that success was significantly higher for ureteral strictures managed with double stent placement (82.4%), compared with single stent placement (38.9%).<sup>2</sup>

Every endourologists should take note of the surgical methods in ureteroscopic use to avoid iatrogenic ureteral injury and know the accurate management for ureteral stricture. Furthermore, we should provide the informed consent and some risks of ureteral stricture to the patients.

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### Conflict of interest

The author declares no conflict of interest.

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