Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Smart communication (SC173–SC181)
Urinary stones: timing and assessment

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SC173	The increased risk of complicated ureteral stones during COVID-19 pandemic: a single-institution experience
SC174	The impact of FECal score on the management of encrusted and retained ureteral stents
SC175	"Time is urosepsis": evaluation of clinical predictive factors for "not deferable" stenting in renal colic due to ureteral stone urolithiasis
SC176	Urinary tract infections in candidates to active treatment of renal stone: results from an international multicentric study on more than 2600 patients
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SC178	30-Days complication rate of renal stone treatments: a retrospective single center analysis on 298 patients
SC179	Urology practice during the COVID-19 vaccination campaign
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SC173 The increased risk of complicated ureteral stones during COVID-19 pandemic: a single-institution experience

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Author of the Study: The aim of this study was to compare the ureteral stone presentations in the Emergency Department of an high-volume hospital during the second period of COVID-19 restrictions (October-December 2020) with the corresponding period of the previous year. **Materials and Methods:** Data of 39 patients [20 patients of Group A (2020) and 19 patients of Group B (2019)] were prospectively collected and retrospectively reviewed. Ureteral stones were detected via computerized tomography. We evaluated the characteristics of the stone, along with clinical parameters and interventions performed (placement of a ureteral stent or nephrostomy tube).
Results: We found no significantly differences in mean age (Group A 55.7 ± 17.2 vs Group B 52.1 ± 16.6; p = 0.5105), stone characteristics [stone side (right, Group A 40% vs Group B 32.14%; p = 0.7987) and stone location (distal, Group A 20% vs Group B 21.5%; p = 0.7525)] between the two groups. Maximum diameter of stone was higher in Group A; however, this difference did not reach statistical significance (1.61 ± 0.52 vs 1.29 ± 0.57; p = 0.0748). WBC (white blood cell count) at admission was similar (Group A 10.49 ± 4.3 vs Group B 9.36 ± 3.2; p = 0.3599), while C-reactive protein levels (69.25 ± 51.16 vs 34.47 ± 29.78; p = 0.0141) and creatinine levels (1.64 ± 0.47 vs 1.28 ± 0.37; p = 0.0118) were significantly higher in Group A. An increased rates of grade III-IV hydronephrosis at admission (65% vs 26.32; p = 0.0356) and a preference for percutaneous nephrostomy tube were reported in Group A (60% vs 21.05; p = 0.0319). Demand for health care occurred after 15.75 ± 13.30 days in Group A and 4.89 ± 2.23 days in Group B (p = 0.0012). 12 out 20 patients in Group A reported late admission to the hospital (≥7 days), 7 patients for fear of contracting COVID-19 and 5 patients for isolation restriction orders.
Conclusions: Our data indicated a more severe presentation for ureteral stones during COVID-19 pandemic. Although maximum diameter of stone did not differ significantly, patients of Group A experienced a more severe hydronephrosis with impaired renal function. These data could explain the higher rates of nephrostomy catheter placement in the COVID-19 period group than in the non-COVID-19 period. In a huge crisis like COVID-19 pandemic, urologists should be ready for the possible presentation of more severe cases.

SC174 The impact of FECal score on the management of encrusted and retained ureteral stents

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Author of the Study: Managing the encrusted and retained ureteral stent is potentially challenging. Aim of our study was to evaluate the use of FECal (Forgotten, Encrusted, Calcified) grading system in the surgical management of encrusted and retained ureteral stents.