



SKILL AND TALENT

Unplanned flexible ureteroscopy during percutaneous nephrolithotomy in the prone position[☆]



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KEYWORDS

Percutaneous nephrolithotomy;
Prone;
Flexible ureteroscopy

Abstract

Background: Over time, the prone position has been shown to be effective and safe for performing percutaneous nephrolithotomy. One of its disadvantages, however, is the inability to simultaneously perform an ureteroscopy after positioning the patient, which is feasible in the supine position. Our objective is to demonstrate the feasibility of implementing flexible ureteroscopy with the patient in the prone position.

Material and methods: We present a case of percutaneous nephrolithotomy of partial staghorn calculi in the prone position during which access to the middle calyx was not possible. It was therefore necessary to conduct flexible ureteroscopy. The 64-year-old female patient had consulted for lumbar pain of 6 months of evolution.

Results: We performed percutaneous nephrolithotomy in the prone position. After extracting calculi from the inner calyx and renal pelvis, access to the fragments located in the middle calyx could not be achieved. Rather than performing a new puncture, we decided to enter in a retrograde manner with a flexible ureteroscope, succeeding in extracting the residual calculi, leaving the patient completely free of calculi.

Conclusion: In our case, the implementation of retrograde flexible ureteroscopy was feasible without changing the patient's original position.

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PALABRAS CLAVE

Nefrolitotomía percutánea;
Prono;
Ureteroscopia flexible

Ureteroscopia flexible inesperada durante nefrolitotomía percutánea en decúbito prono

Resumen

Introducción: A lo largo del tiempo la posición prona para realizar la nefrolitotomía percutánea ha demostrado ser eficaz y segura. Una de sus desventajas sería la imposibilidad de

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realizar simultáneamente una ureteroscopia posterior al posicionamiento del paciente, lo cual es factible en la posición supina. Nuestro objetivo es demostrar la factibilidad de realización de ureteroscopia flexible con paciente en posición prono en un caso.

Material y métodos: Se presenta un caso de una nefrolitotomía percutánea de litiasis corali-forme parcial en posición prono en la cual se hubo imposibilidad de acceder a cáliz medio, por lo que fue necesario efectuar una ureteroscopia flexible. Paciente de sexo femenino, 64 años de edad, consultó por dolor lumbar de 6 meses de evolución.

Resultados: Se realizó nefrolitotomía percutánea en posición prono. Luego de lograr extracción de cálculos en cáliz inferior y pelvis renal no se pudo acceder a los fragmentos ubicados en cáliz medio. En lugar de realizar una nueva punción, se decidió penetrar en forma retrógrada con ureteroscopio flexible, lográndose la extracción de los cálculos residuales y que la paciente quedara completamente libre de cálculos.

Conclusión: En nuestro caso fue factible la realización de ureteroscopia flexible retrógrada sin modificar la posición original del paciente.

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Introduction

When renal lithiasis occupies the renal pelvis and one or more calyces are branched, it is called staghorn lithiasis; it is partial if it does not completely fill the renal collecting system.¹ The treatment of choice in these cases according to the advice of the European Association of Urology and the American Urological Association is percutaneous nephrolithotomy (PNL)^{1,2} to protect kidney function and prevent the growth of the stones.³

PNL has traditionally been performed in the prone position,⁴ the Clinical Research Office of the Endourological Society reporting that over 80% of urologists in the world use this position,⁵ which, among other benefits, provides a larger area for percutaneous access and a wide space for manipulation of instruments.^{3,5}

The goal of the treatment is the complete removal of the stones, for which many times the realization of multiple accesses is necessary³ with the consequent increased morbidity. The combined retrograde intrarenal surgery (ECIRS, Endoscopic Combined Intrarenal Surgery) with the use of flexible ureteroscope provides an excellent option to reduce the number of accesses and achieve the absence of lithiasis remains, but one of the disadvantages of the prone position would be inability to perform it simultaneously to renal access.^{3,4}

Some studies have reported the effectiveness of the prone position in ECIRS.³ Bagley Lehman^{6,7} in 1988 described it in female patients and then the position with legs apart was developed with satisfactory results.³

Our goal is to present a case in which with no prior preparation in terms of position, performing a PNL in the prone position, it was decided to perform combined surgery accessing with flexible ureteroscope to avoid a new percutaneous access.

Material and methods

In May 2015, we received in our department the consultation of a female patient, 64 years old, referring right lumbar pain



Figure 1 Plain radiography of the urinary tree where partial right staghorn lithiasis is evident.

of 6 months of evolution. As background, she had smoking, hypothyroidism, and dyslipidemia.

In the plain X-ray of the urinary tree (Fig. 1), the presence of partial staghorn calculi which compromised renal pelvis, middle and lower calyx was observed. Computed tomography showed the same findings. The urine test reported negative result for the urine culture, showing red blood cells

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