Re: Assessment of Health-Related Quality of Life in Patients with Cystinuria on Tiopronin Therapy

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Editorial Comment: Patients with cystinuria suffer stone events at an earlier age and are subject to frequent recurrence. They are also at risk for chronic kidney disease. Preventive strategies include hydration, avoidance of animal protein and sodium, urinary pH manipulation with alkali agents and use of thiol binding agents such as tiopronin. In this series quality of life, as assessed by a generic instrument (Short Form 36 Health Survey, version 2) and a stone specific tool (Wisconsin Stone Quality of Life questionnaire), was better in the group on tiopronin therapy. Study limitations include the overall low survey response rate, especially in those not on this drug. Perhaps quality of life could be further improved with the development of more effective agents with a better side effect profile.

Suggested Reading

Friedlander JI, Antonelli JA, Canvasser NE et al: Do urinary cystine parameters predict clinical stone activity? J Urol 2018; 199: 495.

Asplin DM and Asplin JR: The interaction of thiol drugs and urine pH in the treatment of cystinuria. J Urol 2013; 189: 2147.

Pietrow P, Auge BK, Weizer AZ et al: Durability of the medical management of cystinuria. J Urol 2003; 169: 68.

Assimos DG, Leslie SW, Ng C et al: The impact of cystinuria on renal function. J Urol 2002; 168: 27.

Pak CY, Fuller C, Sakhaee K et al: Management of cystine nephrolithiasis with alpha-mercaptopropionylglycine. J Urol 1986; 136: 1003.

Re: Incidence, Treatment, and Implications of Kidney Stones during Pregnancy: A Matched Population-Based Cohort Study

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Abstract available at http://www.ncbi.nlm.nih.gov/pubmed/31739687

Editorial Comment: Kidney stone events during pregnancy promote anxiety for the patient, family and treating physicians. This retrospective, cohort, matched study indicates that stone events during pregnancy are associated with higher rates of preterm labor, low birth weight, preeclampsia and need for cesarean section. However, stone events are not associated with increased fetal deaths or extreme prematurity. Approximately a quarter of individuals with stones required a stone management procedure. The need for a such an intervention was associated with adverse birth outcomes, especially when management involved a ureteral stent or nephrostomy tube.

Suggested Reading

Sohlberg EM, Brubaker WD, Zhang CA et al: Urinary stone disease in pregnancy: a claims based analysis of 1.4 million patients. J Urol 2020; 203: 957.

Reinstatler L, Khaleel S and Pais VM Jr: Association of pregnancy with stone formation among women in the United States: a NHANES analysis 2007 to 2012. J Urol 2017; 198: 389.

Semins MJ, Trock BJ and Matlaga BR: The safety of ureteroscopy during pregnancy: a systematic review and meta-analysis. J Urol 2009; 181: 139.