Re: Ureteroscopic Management of Asymptomatic and Symptomatic Simple Parapelvic Renal Cysts

X. Mao, G. Xu, H. Wu and J. Xiao

Department of Urology, Second Affiliated Hospital of Zhejiang University School of Medicine, Hangzhou, P. R. China

BMC Urol 2015; 15: 48. doi: 10.1186/s12894-015-0042-5.

Abstract available at http://www.ncbi.nlm.nih.gov/pubmed/26048408

Editorial Comment: I have encountered many patients with parapelvic cysts but few with symptoms. The ureteroscopic approach is a feasible option for those who are symptomatic. One must be cognizant of surrounding structures when incising these cyst cavities.

Dean G. Assimos, MD

Suggested Reading

Schwarz A, Lenz T, Klaen R et al: Hygroma renale: pararenal lymphatic cysts associated with renin-dependent hypertension (Page kidney). Case report on bilateral cysts and successful therapy by marsupialization. J Urol 1993; 150: 953.

Barloon TJ and Vince SW: Caliceal obstruction owing to a large parapelvic cyst: excretory urography, ultrasound and computerized tomography findings. J Urol 1987; 137: 270.

Re: Surgical Management of Stone Disease in Patients with Primary Hyperoxaluria

A. Carrasco, Jr., C. F. Granberg, M. T. Gettman, D. S. Milliner and A. E. Krambeck

Departments of Urology, and Nephrology and Hypertension, Mayo Clinic, Rochester, Minnesota

Urology 2015; 85: 522–526. doi: 10.1016/j.urology.2014.11.018.

Abstract available at http://www.ncbi.nlm.nih.gov/pubmed/25733260

Editorial Comment: Patients afflicted with primary hyperoxaluria, especially type 1, are at high risk for end-stage renal disease. This group, which has the largest experience in the United States treating this cohort, demonstrated that development of end-stage renal disease may occur shortly after stone removing procedures, especially percutaneous nephrolithotomy, in those with more advanced chronic kidney disease. Patients need to be informed of this risk. Therefore, one must proceed with extreme caution when undertaking stone removal in this cohort.

Dean G. Assimos, MD
Suggested Reading

Onal B, Dogan HS, Satar N et al: Factors affecting complication rates of percutaneous nephrolithotomy in children: results of a multi-institutional retrospective analysis by the Turkish Pediatric Urology Society. J Urol 2014; 191: 777.

Sairam K, Scoffone CM, Alken P et al: Percutaneous nephrolithotomy and chronic kidney disease: results from the CROES PCNL Global Study. J Urol 2012; 188: 1195.

Re: Flexible Ureteroscopic Laser Lithotripsy for Upper Urinary Tract Stone Disease in Patients with Spinal Cord Injury

A. Tepeler, B. C. Sninsky and S. Y. Nakada

Department of Urology, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin

Urolithiasis 2015; Epub ahead of print.

Abstract available at http://www.ncbi.nlm.nih.gov/pubmed/25987450

Editorial Comment: This study demonstrates that postoperative complications with ureteroscopic stone removal are more common in this cohort, namely pulmonary and infectious complications. The majority of patients in this series had infection stones that undoubtedly contributed to the aforementioned problems. Other groups have reported that hydroxyapatite stones are more common in these patients. Preoperative preparation is important in this setting. Patients need to be placed on appropriate antibiotic therapy. Pulmonary function needs to be assessed and optimized. Finally, use of ureteral access sheaths is highly recommended, which will lower intrarenal pressure and theoretically limit dissemination of liberated bacteria from stones into the bloodstream.

Dean G. Assimos, MD

Suggested Reading

Matlaga BR, Kim SC, Watkins SL et al: Changing composition of renal calculi in patients with neurogenic bladder. J Urol 2006; 175: 1716.

Skolarikos A, Gross AJ, Krebs A et al: Outcomes of flexible ureterorenoscopy for solitary renal stones in the CROES URS Global Study. J Urol 2015; 194: 137.

Wang HH, Wiener JS, Ferrandino MN et al: Complications of surgical management of upper tract calculi in spina bifida patients: analysis of nationwide data. J Urol 2015; 193: 1270.