



## PP08

### **Panlithiasis of the urinary tract: a case for open lithotomy in the modern era**

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**Case Presentation:** A 26 year old male presented with right loin pain (03/03/2013). He had a past history of right pyelolithotomy in 1998. His presenting blood parameters were as follows:

Haemoglobin: 12.8 g/dl

White Cell Count: 14000

Urea: 40.7  $\mu\text{mol/L}$

Creatinine: 548.08  $\mu\text{mol/L}$

Intravenous Urography was performed which showed opacification of bilateral pelvicaliceal systems and the right proximal ureter at 10 minutes. There was no change in the degree of opacification at 45 minutes.

**Management:** A right open pyelo-nephro-ureterolithotomy was performed first (08/04/2013). His post-operative blood results were as follows:

Haemoglobin: 7.9 gm/dL

White Cell Count: 9100

Urea: 30.3  $\mu\text{mol/L}$

Creatinine: 198.9  $\mu\text{mol/L}$

A left sided PCNL was then carried out (29/07/2013) which significantly reduced the stone burden on that side.

**Discussion:** Percutaneous nephrolithotomy (PCNL) +/- extracorporeal shockwave lithotripsy (ESWL) and endoscopic combined intrarenal surgery (ECRIS) are viable options in the "Western World". However, it must not be forgotten that open surgery is still an option for cases with complex stone burden. Open surgery is most suitable in selected cases of complex and high burden lithiasis, especially in combination with anatomical variations (Honeck et al).

**Conclusion:** Although advances in technology have led to the development of minimal invasive procedures it is still important to maintain proficiency and skill in open renal and ureteral surgical techniques.

**References:** Honeck et al (2009), Does open stone surgery still play a role in the treatment of urolithiasis? Data of a primary urolithiasis center. *J Endourol* 2009; 23 (7):1209-12