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Anterograde access in the treatment of a distal ureteral stone

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Introduction: The use of minimally invasive access using flexible ureterorenoscopy and Holmium laser is changing the strategy of endourological approach to treating different complex stone cases avoiding open surgery.
In this video we show a case of distal lithiasis with a distal ureter stenosis solving both problems with a combined approach starting with an antegrade minimally invasive access.

Materials: The patient was a 59 year old who undergone previously open surgery (Psoic bladder) because of a secondary stenosis after an ureteroscopy. A CT Scan diagnosed distal ureteral calculi of 1 cm causing pelvicalyceal dilation and all along the ureter up to the bladder juncture.
Retrograde access was not possible so we performed a lower calyx puncture guided by ultrasound gradually dilating in outer to place a 11 Ch sheath.
First we introduced a guide until the distal ureter stenosis, confirming it. Using the flexible ureteroscope we fragmented the stone and extracted the remaining fragments. Subsequently, with a straight-through view, we passed a guide through the narrowed area. It was not possible to pass a balloon in order to dilate, so we completed progressive dilation using the tip of the ureteral sheath. We reviewed retrogradely the ureter and renal cavities and we directly extracted the sheath without observing any papillar bleeding.

Results: The patient didn´t suffer any complications during the stone removal procedure. The post-operative recovery was uneventful and 24 hours later, the patient was discharged. After 4 months follow up the ureteral stenosis was completely corrected.

Conclusions: The minimally invasive approach with the help of flexible devices offers a wide range of solutions for several different cases avoiding open surgery.