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LETTER TO THE EDITOR

Single session removal of forgotten encrusted ureteral stents: combined endourological approach

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Forgotten ureteral stents (FUS) pose challenging problems for the urologists. The study by Bostancı et al. [1] has filled an important gap on this field. Indeed, completion of this therapeutic procedure in such a mixed patient population in one session has open new horizon. We congratulate the authors.

As it is very well known, patients with FUS refer to a physician sometimes incidentally, but most of the time with a septic or preseptic manifestations. These patients should be admitted as pyonephrotic cases, and their urgent treatment should be planned. However, before initiating aggressive interventional management, medical treatment should not be disregarded. In a previous study performed in our clinics, we presented dramatic outcomes of delayed treatment [2]. Spot urine samples especially recovered from within urinary bladder of the completely obstructed renal units do not yield most accurate results with higher rates of false negativity. In such circumstances, urine samples recovered from obstructed renal units might provide the best alternative. The study performed by Ng et al. [3] is very important. These investigators found significant differences between bladder urine samples, and those obtained from pyonephrotic kidneys of 92 patients via percutaneous nephrostomy. In their study, a higher rate of culture negativity was detected in spot urine samples, while in urine cultures obtained from nephrostomy tubes of the same patients, a higher rate of positivity with the growth of many different microorganisms was detected. Based on the results of this study, the investigators recommended revision of the prevalent treatment of these pyonephrotic patients according to the results of the cultures of the urine samples aspirated from nephrostomy tubes.

What is the status of the patients referred with FUS?

This issue is not clearly identified in the literature. We suggest that in patients with FUS presenting with manifestations of sepsis or presepsis, one should not refrain from using percutaneous nephrostomy for both the drainage of the obstructed renal unit, and also revision of the medical therapy.

In conclusion, FUS is a serious entity. Urologists should, in case of need, use every beneficial means for these patients. Percutaneous nephrostomy should be kept in mind as an important alternative not to be pushed aside in minimally invasive treatment, and revision of medical therapy.

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