



Re: A Prospective, Randomized Comparison of Shock Wave Lithotripsy, Retrograde Intrarenal Surgery and Miniperc for Treatment of 1 to 2 cm Radiolucent Lower Calyceal Renal Calculi: A Single Center Experience

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EDITORIAL COMMENT

Despite the development of new techniques for treatment of renal stones, the optimal treatment option for lower pole stones between 1-2 cm in diameter is still debated. In this prospective, randomized study, the authors compared the success and safety of shock wave lithotripsy (SWL), retrograde intrarenal surgery (RIRS) and miniperc for radiolucent stones of the lower pole, which, are 1-2 cm in diameter. They reported a significantly higher stone free rate at 3 months for miniperc when compared with SWL and RIRS (95%, 74% and 86% $p=0.01$, respectively). However, miniperc had significantly higher length of fluoroscopy and operation time, mean blood transfusion rate and length of stay at hospital. Although not statistically significant they also reported a higher overall complication rate for miniperc than the other groups. On the other hand, re-treatment rate (63.4% vs. 2.1% and 2.2%, $p<0.001$) and the auxiliary procedure rate (20.2% vs 8.8% and 6.6%, $p\leq 0.02$) were significantly greater for shock wave lithotripsy than for retrograde intrarenal surgery and miniperc, respectively. Miniperc seems to become a preferred treatment for the treatment of patients with lower pole 1-2 cm radiolucent stones in very near future.

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Reconstruction

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Re: Risk Factors for 30-Day Perioperative Complications after Le Fort Colpocleisis

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EDITORIAL COMMENT

With the aging of the population, more patients seeking for the treatment of pelvic floor disorder are anticipated, that is roughly 45% by 2050. The treatment options varies according to the diagnosis. However, many patients have a concomitant apical prolapsus. Although the surgeries to correct apical prolapsus have high success rates, they also have some inherent problems. Late returning to normal daily activity may increase the risk of venous thromboembolism in frail, elderly patients. If a vaginal approach is preferred, hysterectomy in Gr III/IV POP will often add 30 to 80 minutes to the procedure. Although it can change according to the properties of the populations, a survey enrolling 2000 women in United States, 78% of married women 70 to 79 years old are not sexually active. In such patients an obliterative procedure such as colpocleisis is a reasonable option that treats the prolapse with the least invasive technique in the shortest time. Although Le Fort colpocleisis was first described in a washer woman in nine-teen century, it is often overlooked when counseling a patient with advanced POP. In this article, the authors tried to identify rates and risk factors for 30-day perioperative complications using American College of Surgeons NSQIP database which enrolled 283 women who had undergone Le Fort colpocleisis. In this series, in only 8.1% of the patients experienced a complication. Among them, urinary tract infection was the commonest ($n=18$, 6.4%). They reported only one death for a 0.4 mortality rate. The complications interestingly increased in patients less than 75 years. They also found that concomitant sling placement ($n=92$, 32%) did not increase 30-day complication rates. One of the limitation of this study was the absence of specific operative complications such as bladder, bowel and ureteral injury. Since NSQIP did not also track complications beyond 30 days postoperatively, we don't know their recurrence rate. But the literature reports a very low recurrence rate around 2%. This study also carries all inherent problems of a retrospective analysis of a database. Conclusion of the authors reinforced the findings present in the literature that colpocleisis has the advantages of a short operating time, few complications, amenability of local anesthesia, short hospitalization, speedy recovery, high success rate and low rate of regret.

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