

residual calculi after percutaneous nephrolithotomy (PCNL). In 40 cases the ureteral access sheath (UAS) was used. All patients were given stent after the procedure.

Results: Success was defined as complete stone clearance or good fragmentation to 4 mm or less with plain film of kidneys used in follow-up. Operative time was 17–121 min with median of 58 min. The patients were divided in 3 groups by stone size (<10 mm, 11–20 mm and >21 mm). After one procedure of flexible URS 33 of 46 patients (71.7%) were stone-free (82.6%, 80%, 25% respectively in each group), after second procedure the stone-free rate rose to 84.8% (87%, 93.3% and 62.5% respectively). Operative time differs in groups with the median of 50, 66 and 97 min in each group. The surgeries had none to mild complications, including stent displacement in one patient and febrile reaction lasting for maximum 2 days in 4 patients (8.7%). There were no major complications.

Conclusions: Flexible URS is a safe procedure with high success rate in treatment of small to mid-size kidney stones of all locations and can be regarded as an alternative to ESWL, which has lower morbidity but lower success rate, and to PCNL, which morbidity and complication rate is higher, but is more successful especially in the treatment of larger stones.

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PNL in the treatment of staghorn calculi – a 15 years experience

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Introduction and Objectives: Although in the last 20 years the incidence of staghorn lithiasis in Romania decreased, especially because of a higher addressability of the patients, which allowed their cure in early stages, its treatment still represents a provocation for urologists. PNL, as unique method or in association with ESWL represents the most efficient treatment for the staghorn calculi.

Material and Methods: Between January 1994 – December 2008, 673 patients (411 men and 262 women), diagnosed with staghorn lithiasis were treated using PNL (in total 1055 procedures). The mean age was 43.4 (age between 24–67 years). 107 of the patients had bilateral staghorn lithiasis. In all the cases, the puncture was made under X-ray control. For dilatation we used Alken dilators and the Amplatz sheath was used in most of the cases (95%). For fragmentation we used ballistic and ultrasonic lithotripsy.

Results: The total success rate was 93.46%. In 391 cases the stone free status was achieved after a single procedure, 203 after 2 procedures, 58 after 3 procedures and 21 respectively 4 procedures. The complications rate was 11.58%. The most frequent were the infectious complications, followed by hemorrhagic complications (in 26 cases surgical treatment having been needed – 18 nephrectomies and 8 selective angiography with embolization). The urinary fistulae were present in 24 cases, being solved by JJ catheterization. The death rate was 1.04%. The death causes were: 3 – coronarian ischemia, 2 – stroke, 2 – sepsis.

Conclusions: We consider that PNL is the gold standard treatment method for staghorn lithiasis, by achieving the stone free status very quickly. Even if the complications rate is higher, their correct management assures the complete recovery of the patients.

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Forgotten double j catheters – a rare but challenging-to-treat pathology

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Introduction and Objectives: We want to report our experience in that domain, as a retrospective study of the last 15 years.

Material and Methods: After reviewing our surgical records for the above mentioned period, we have recorded 14 cases of forgotten catheters. Unintentionally indwelling period >12 month, that have induced the catheter retention. The section criteria were the retained stent a term that defines the catheters that are impossible to be removed using the usual cystoscopic method. The catheter incrustation was the responsible phenomena of the whole induced pathology: obstruction, infection and finally urosepsis. The main goal of the treatment was to achieve the stent and stone free status. From the cases mentioned above a number of 2 was represented by solitary kidney – the most challenging to treat cases.

Results: All the patients have been treated exclusively using endourological procedures and for some cases, ESWL was used in addition. From all the stents that we have to remove, 9 have been initially inserted in our department, the rest of 5 cases represent patients that have been admitted for the first time in our department with that particular pathology. For the inferior loop incrustation we have used the Punch lithotripsy, for the superior curl – PNL/ESWL and for the ureteral stoner rigid ureteroscopy with pneumatic-ballistic lithotripsy/ESWL.

Conclusions: Despite the well known major advantages of the autostatic stents, the ease of use and the increasing number of endourological procedures, there is a specific pathology that is developed due to that potentially situation. Patients have various levels of comprehension and education, but the ultimate responsibility lies on the urologist in charge. The most challenging cases to treat are represented by the patients with advanced renal failure with / without sepsis due a stent impaction on a single functional kidney. Those cases are the most challenging to treat and require a multidisciplinary approach: nephrologist, intensive care, radiologist and urologist.

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Percutaneous nephrolithotomy (PNL) in the treatment of lithiasis developed on congenital renoureteral abnormalities – The 12 year experience of the Clinic of Urology, “Prof. Dr. Th. Burghel” Clinical Hospital, Bucharest, Romania

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Introduction and Objectives: The lithiasis developed on congenital malformed kidney represents a special pathology because of the increased difficulty of the treatment and the postoperative evolution. The percutaneous nephrolithotomy represents the most efficient treatment method of this disease, having also the best report costs-benefits. The paper is based on a large data base covering 12 years.

Material and Methods: We included 97 patients in our study (43 women and 54 men) (mean age of 46.8 years) with urolithiasis on kidney with congenital abnormalities, which we treated using percutaneous nephrolithotomy between January 1997–December 2008. The evaluation of the method was performed by taking into account the following facts: the congenital malformation of the kidney (pyelocaliceal duplicity 35, malrotated kidney 21, horseshoe kidney 23, primary ureteropelvic junction obstruction 18) the type of stone (single 61, multiple lithiasis 22, staghorn 14) and the effects of