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 6.9%, p<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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