Management of Lower Calyceal Calculi

SWL / Mini – Micro Perc / RIRS

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Aim

- Management of **lower calyceal calculi** is always **challenged** as for its modality of treatment is of concern.
- We evaluated the efficacy of ESWL vs Mini – Micro Perc, RIRS and compared the result of each modality

Materials and Methods

- **450 patients** were divided into **3 groups**
- **Group A (150)** were subjected to **ESWL**
- **Group B (150)** were subjected to **PNL (Mini – Micro)**
- **Group C (150)** were subjected to RIRS
- Stone size ranged from **8mm to 2.5 cm**

Materials and Methods

✓Infundibular length,
✓width of the infundibulum &
✓angle between PUJ & lower infundibula were recorded.

- Plain x-ray, KUB,I.V.U & USG done in all cases
- Operative time type of anaesthesia, analgesia, hospital stay & 3 month stone free rates were studied.

Results

- 100 cases were treated by ESWL in gr I &
- 100 cases were treated by PNL in gr II &
- 150 cases were treated by RIRS in group III.

- In gr I hospital stay was for few hours (O.P.D procedure) and in gr II mean hospital stay was for 48 hours.

- Stone free rate in gr I – **82%** (Average 3 settings)
- Stone free rate in gr. II – **98%**
- In gr III , RIRS done in – **28%**
- **Successful in 98%**

- Failure in 2% - which were made stone free by PNL/ & or ESWL
- Complications – minimal and managed conservatively.

Conclusion

- In SWL therapy patient have least morbidity, short hospital stay & quick resumption for work.
- 82% stone free rate is definitely encouraging.
- Hence SWL should be tried first as a treatment modality for lower calyceal calculi with favorable size and configuration.
- However PNL for abnormal configuration and large volume is the treatment of choice RIRS should be reserved for failed SWL cases.

Thank You

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