

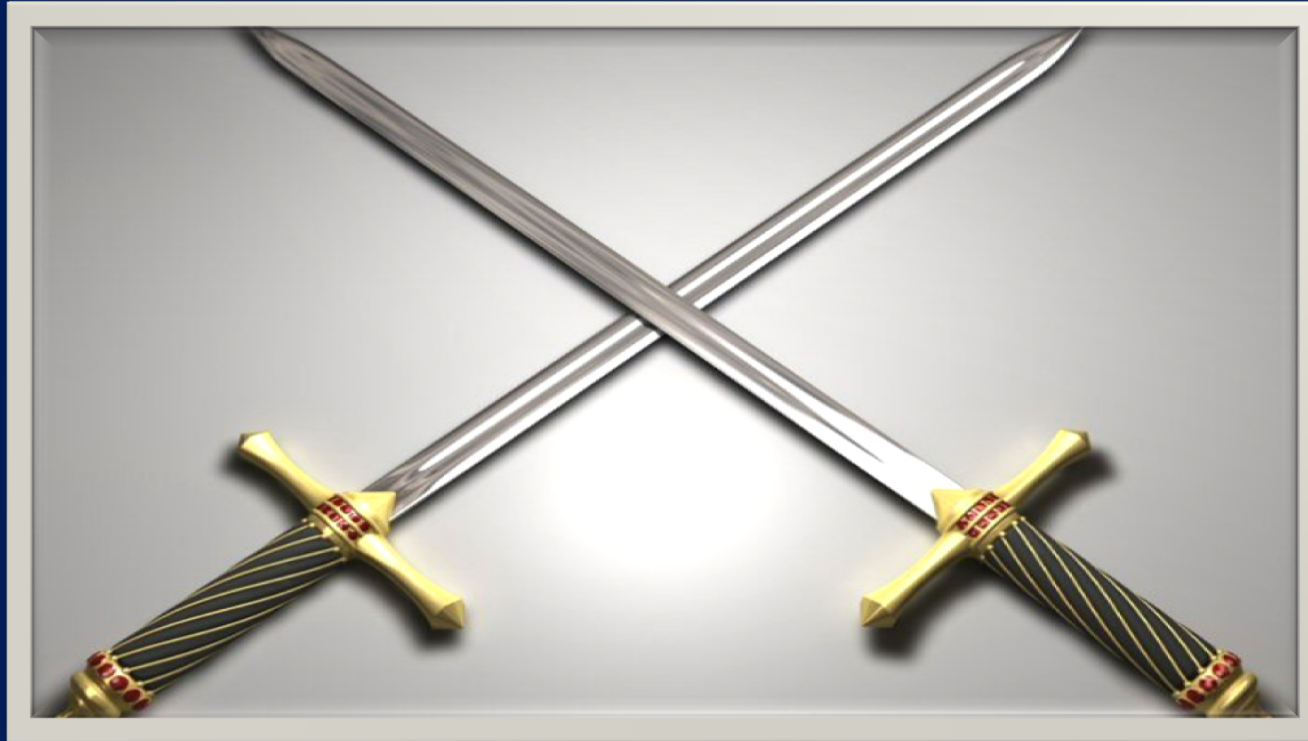
Ενδοουρολογία Οι σημαντικότερες δημοσιεύσεις της χρονιάς

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Δήλωση συμφερόντων ουδεμία

World Journal of Urology

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INVITED REVIEW



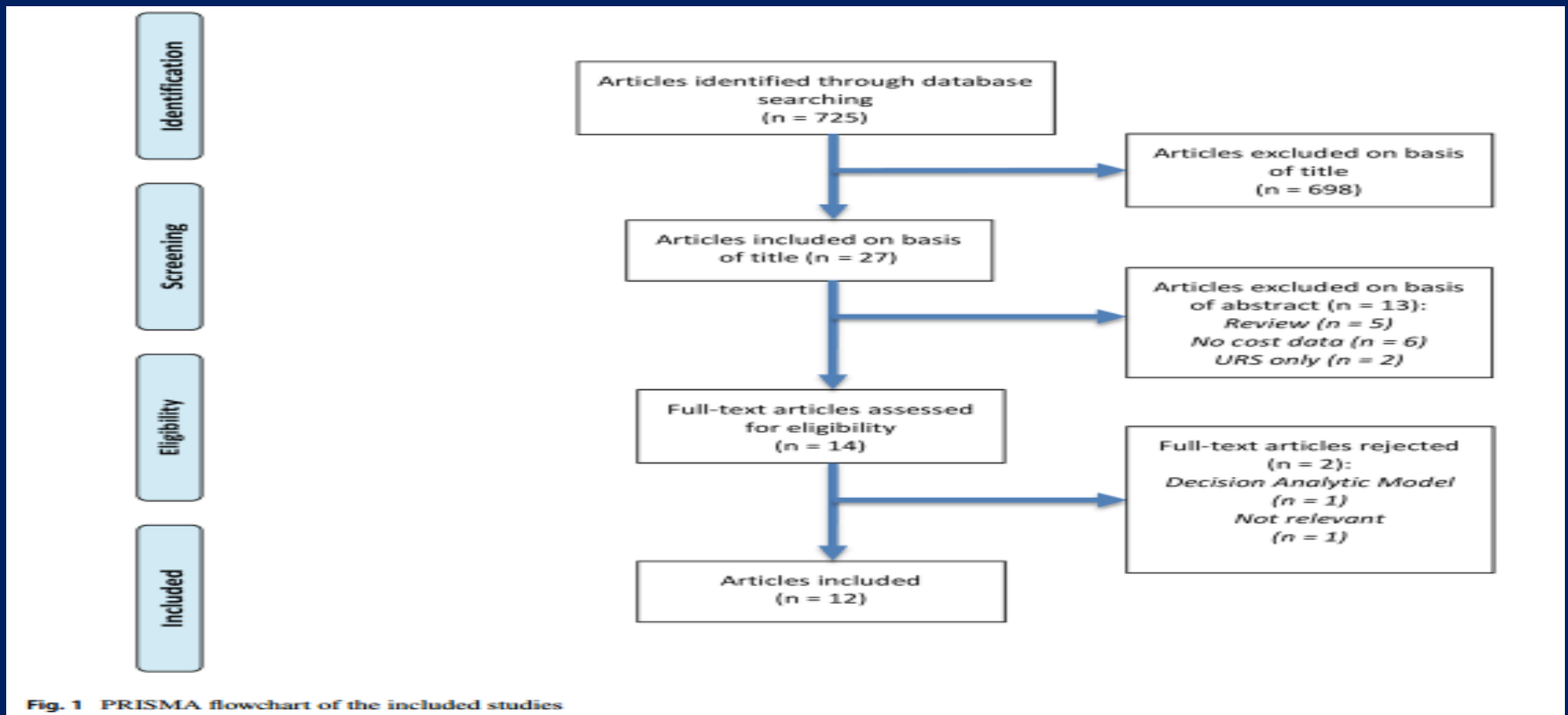
Ureteroscopy is more cost effective than shock wave lithotripsy for stone treatment: systematic review and meta-analysis

Robert M. Geraghty¹ · Patrick Jones¹ · Thomas R. W. Herrmann² · Omar Aboumarzouk³ · Bhaskar K. Somani¹

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Συνολικός αριθμός ασθενών=2012

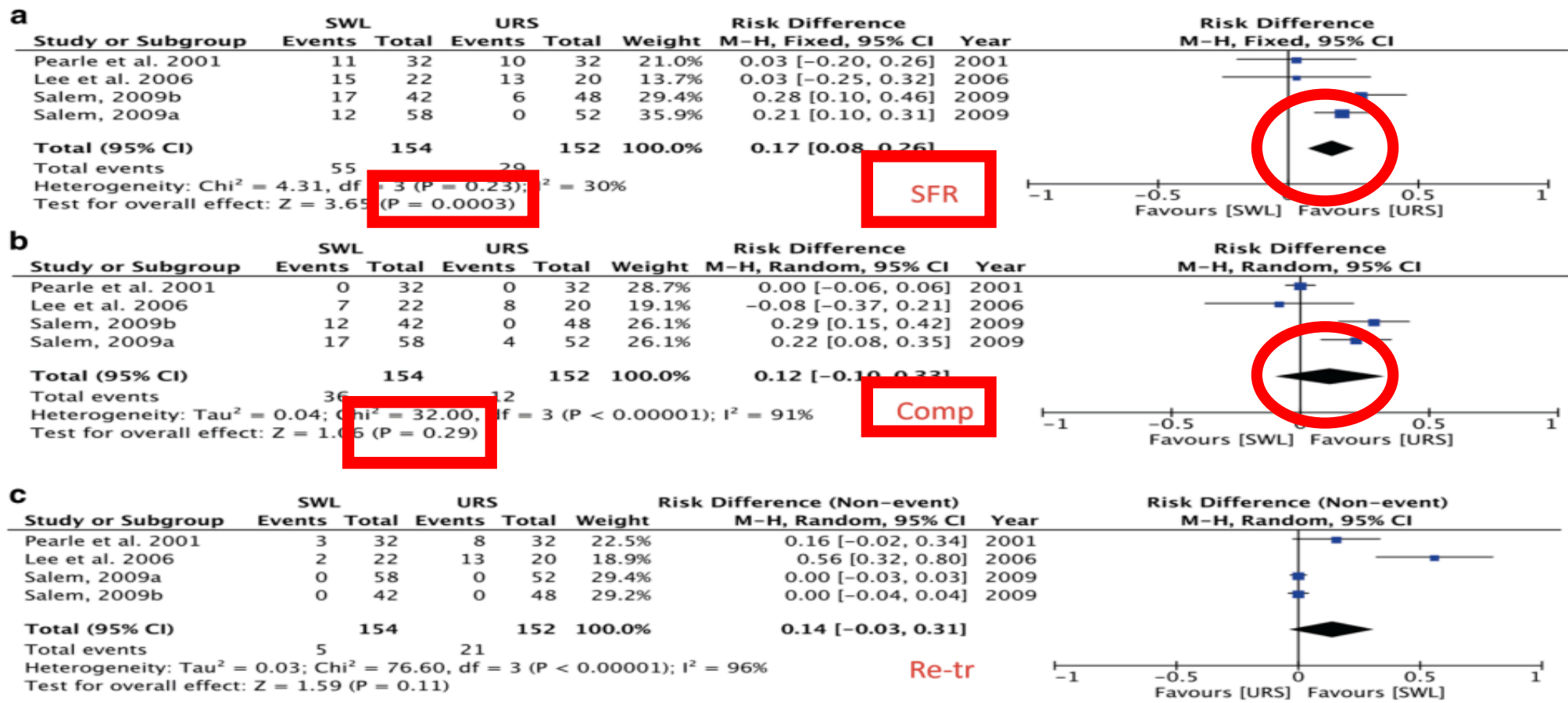


Fig. 2 a–c forest plot of SFR, complications and re-treatment

| Study or Subgroup | SWL | | | URS | | | Weight | Std. Mean Difference | | Year |
|-----------------------|--------|-------|------------|--------|-------|------------|---------------|--------------------------|--|------|
| | Mean | SD | Total | Mean | SD | Total | | IV, Random, 95% CI | Std. Mean Difference IV, Random, 95% CI | |
| Wu et al. 2004 | 1,401 | 104 | 41 | 953 | 35 | 39 | 10.8% | 5.66 [4.66, 6.66] | | 2004 |
| Parker et al. 2004b | 16,900 | 7,000 | 38 | 10,000 | 7,100 | 28 | 11.2% | 0.97 [0.45, 1.49] | | 2004 |
| Parker et al. 2004a | 14,900 | 7,600 | 73 | 9,200 | 4,400 | 81 | 11.3% | 0.93 [0.59, 1.26] | | 2004 |
| Wu et al. 2005b | 1,771 | 95 | 51 | 1,153 | 62 | 56 | 10.7% | 7.72 [6.60, 8.84] | | 2005 |
| Wu et al. 2005a | 1,091 | 39 | 68 | 955 | 40 | 45 | 11.2% | 3.43 [2.84, 4.02] | | 2005 |
| Huang et al. 2009a | 642 | 288 | 201 | 630 | 159 | 40 | 11.3% | 0.04 [-0.30, 0.38] | | 2009 |
| Huang et al. 2009b | 734 | 303 | 159 | 698 | 167 | 48 | 11.3% | 0.13 [-0.19, 0.45] | | 2009 |
| Koo et al. 2011 | 4,059 | 2,106 | 51 | 665 | 624 | 37 | 11.2% | 2.03 [1.51, 2.55] | | 2011 |
| Cui et al. 2014 | 120 | 25 | 80 | 1,180 | 258 | 80 | 11.1% | -5.76 [-6.47, -5.05] | | 2014 |
| Total (95% CI) | | | 762 | | | 454 | 100.0% | 1.64 [0.13, 3.15] | | |

Heterogeneity: $\tau^2 = 5.24$; $I^2 = 99.00$; $\chi^2 = 8$ ($P < 0.00001$); $I^2 = 99\%$
 Test for overall effect: $Z = 2.33$ ($P = 0.03$)

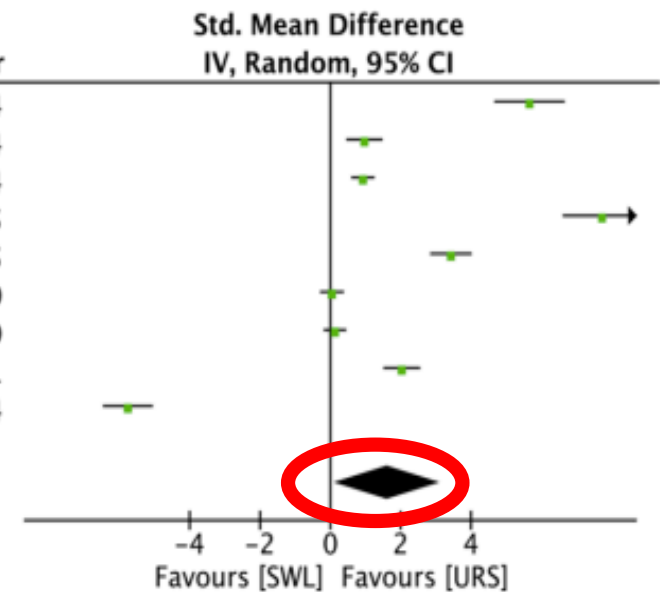


Fig. 3 Forest plot of cost between SWL and URS

Overall cost

- URS 2801\$
- SWL 3627\$

URS > SWL

- <10mm ureteral stone
- >10mm ureteral stone
- Proximal ureteral stone

Sub-analyses

Stone size

Subanalysis of studies comparing SWL and URS was possible for stone size smaller than 10 or 10 mm and larger. Both groups favoured URS in terms of cost (< 10 mm: Std mean diff = 0.90, 95% CI 0.68–1.12, $I^2 = 98%$, $p < 0.001$; ≥ 10 mm: Std mean diff = 0.78, 95% CI 0.51–1.04, $I^2 = 99%$, $p < 0.001$).

Proximal ureteric stones

Proximal ureteric stones treated with URS had significantly cheaper costs (Std. mean diff = 0.99, 95% CI 0.82–1.15, $p < 0.001$).

Conclusions

- SFR higher for URS (84% vs. 60%)
- Complications rates similar
- URS is cheaper for ureteral stones irrespective the size

What Is the Role of α -Blockers for Medical Expulsive Therapy? Results From a Meta-analysis of 60 Randomized Trials and Over 9500 Patients



Omar M. Aboumarzouk, Patrick Jones, Tarik Amer, Dimitris Kotsiris, Esteban Emiliani, Bhaskar Somani, Panagiotis Kallidonis, Thomas Taily, Gohkan Atis, Francesco Greco, Stephan Hruby, Mario Alvarez, Khalid Al-Rumaihi, Ahmad Shamsodini, Abdulla Al-Ansari, and Ahmed Shokeir



Study Selection and Data Extraction

All studies reporting on the use of an α -blocker compared with a control group in adult patients with ureteric stones of mean size (and SD) ≤ 10 mm were included. Abstract publications were excluded. Authors were contacted wherever the data were not available or not clear to adequately assess inclusion of their study.

Two authors independently identified studies eligible for inclusion and extracted the data accordingly. Both of these steps were verified by the senior author (OA). Disagreement between the authors was resolved by consensus of all authors.

Only studies using either a placebo or the hospital or country's protocol for conservative management (ie, analgesics, antispasmodics, hydration), serving as controls, were included. Studies on MET after treatments such as shock wave lithotripsy or ureteroscopy were only included if there were control and experimental arms, which had not undergone any other treatment for their stones.

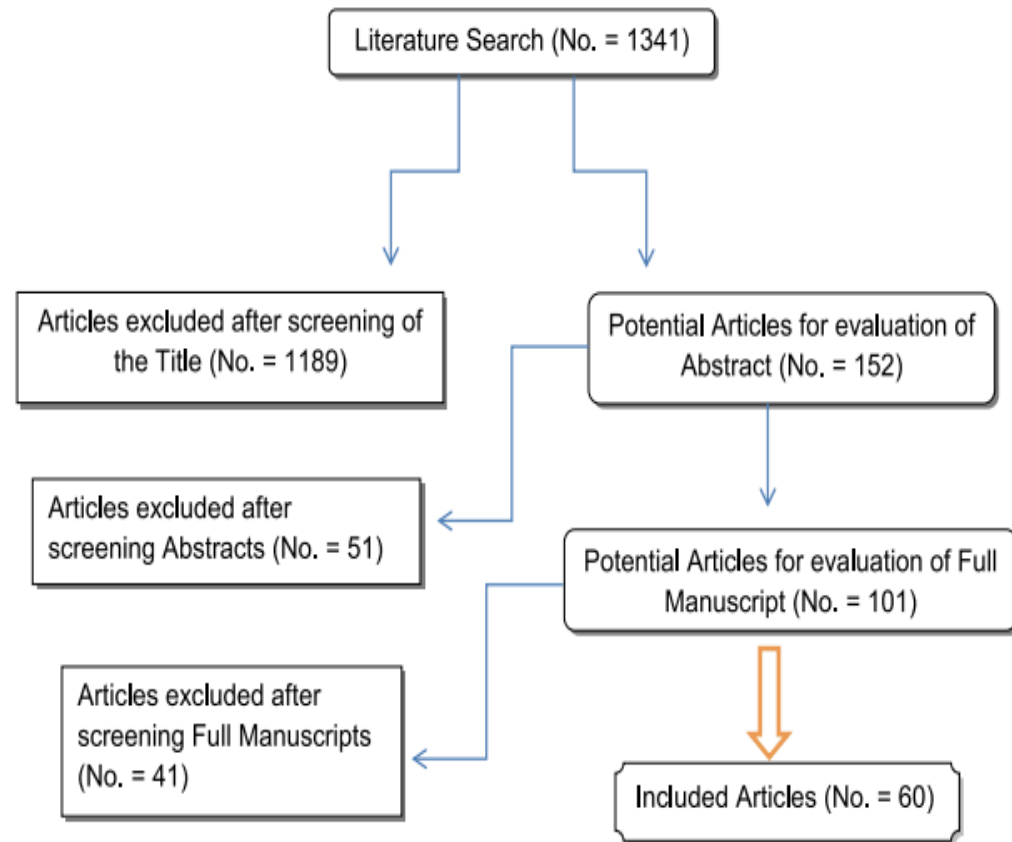
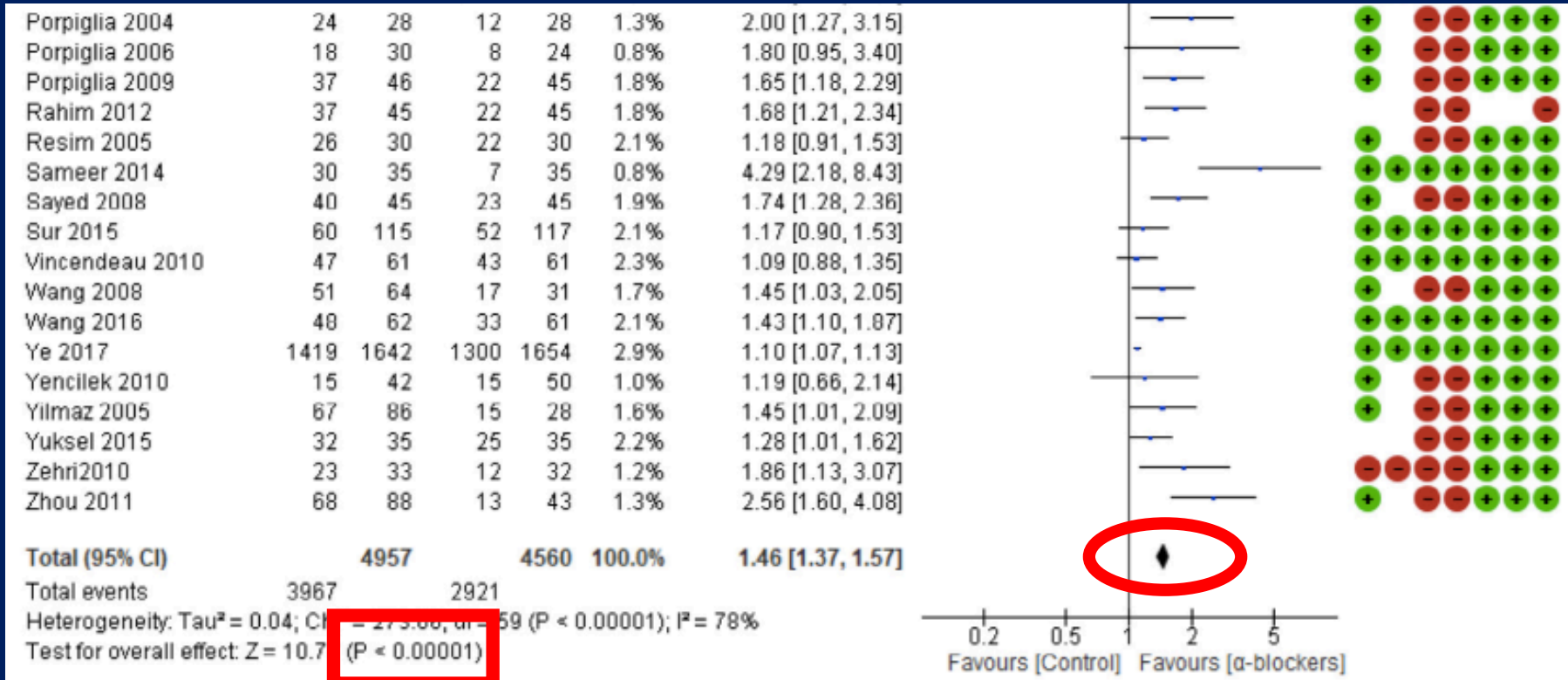
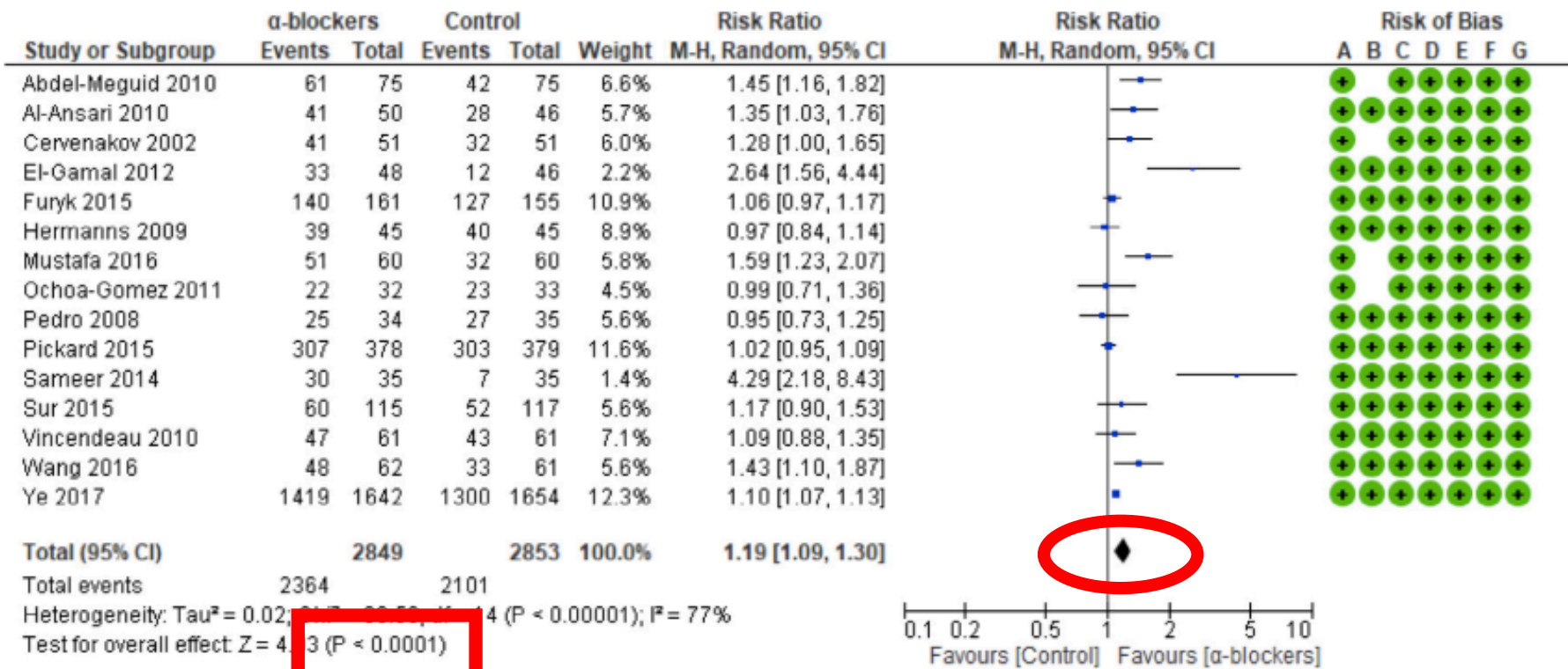


Figure 1. Flowchart for article selection process of the review. (Color version available online.)

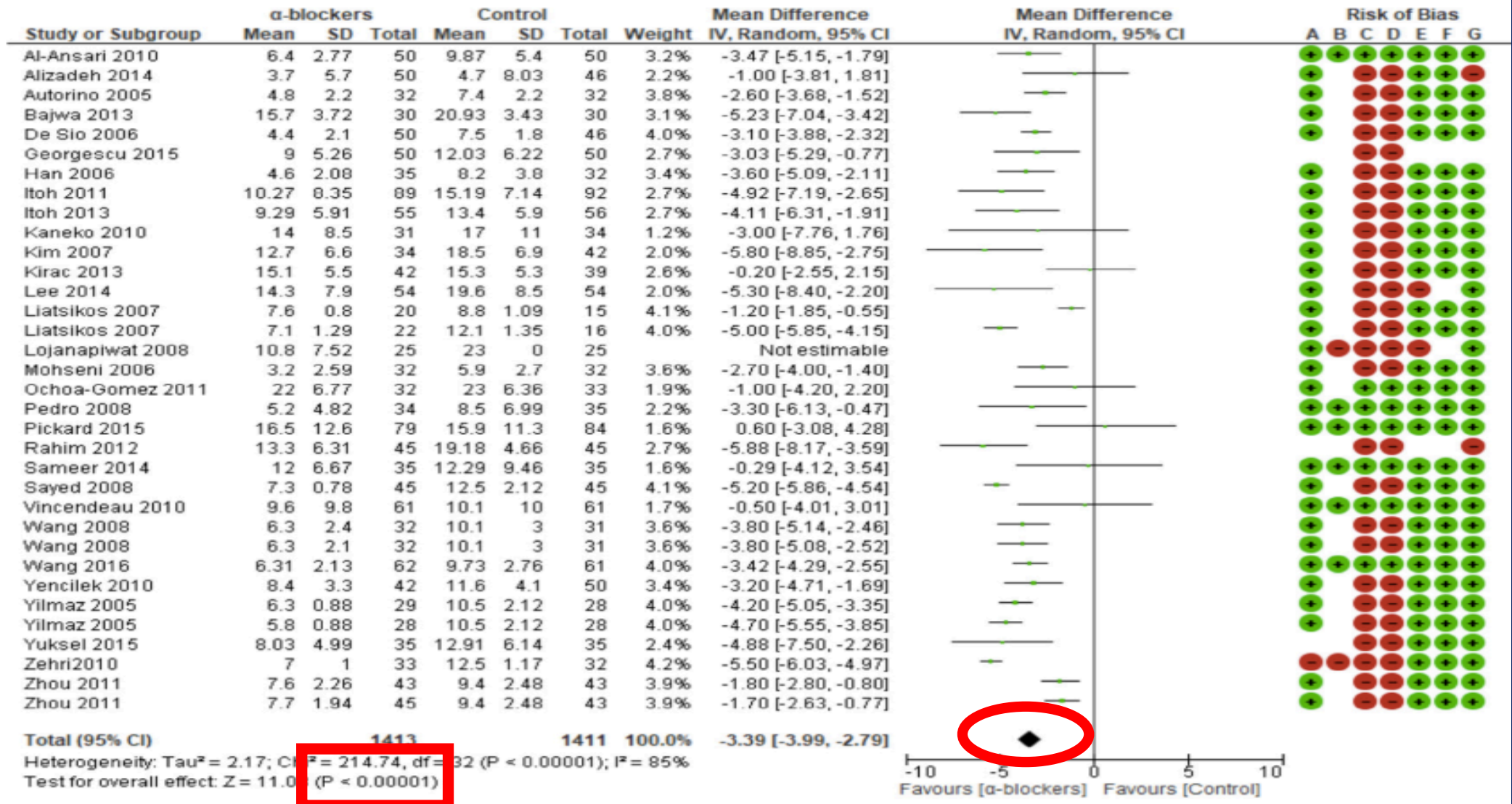
a) MET Expulsion Rates: α -blockers versus control



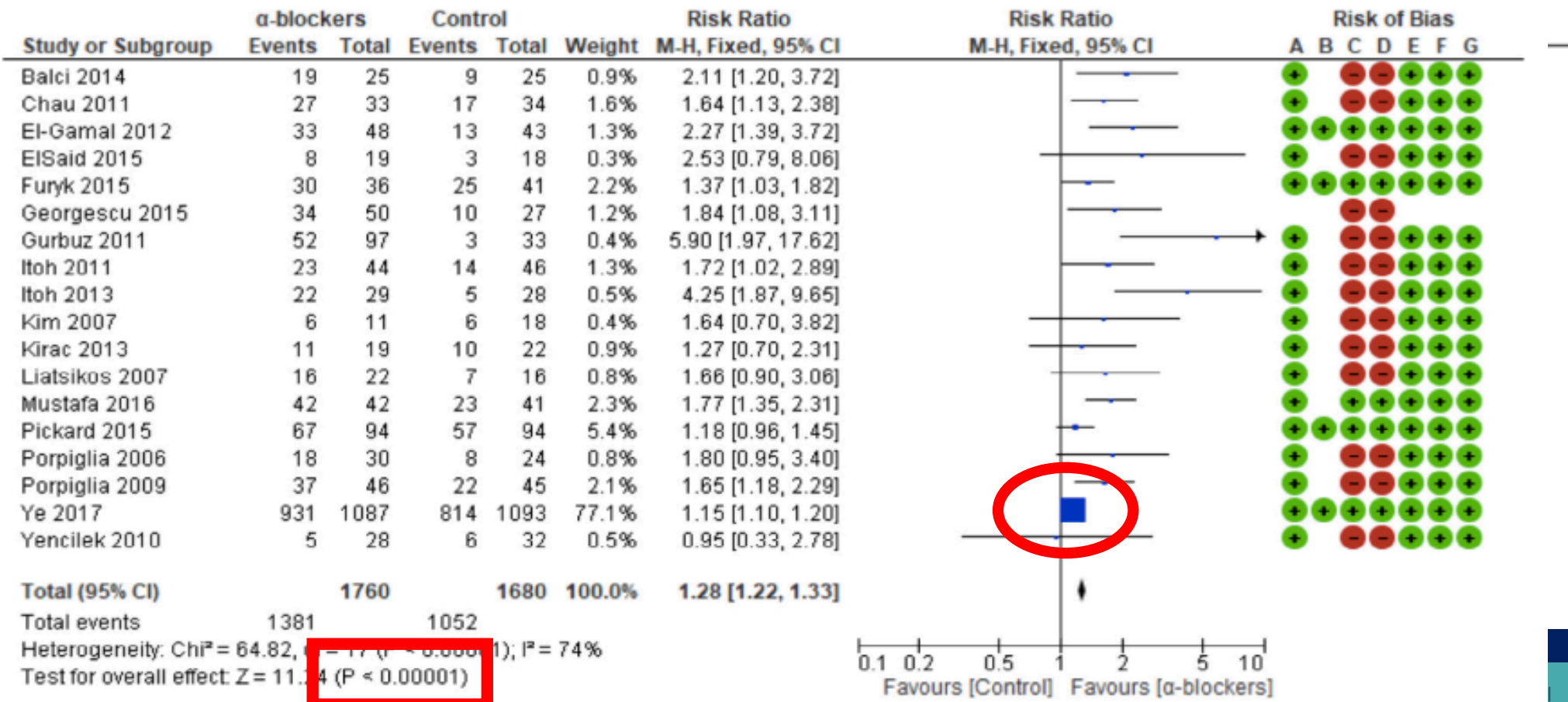
b) MET Expulsion Rates: Subgroup analysis of Low risk of Bias studies: α -blockers versus control



a) Time to Stone Expulsion

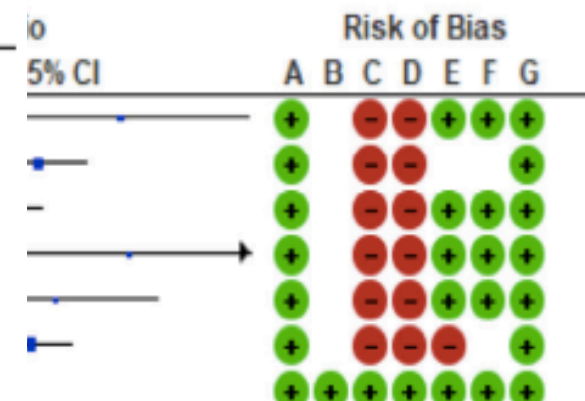


- h) Stones <5mm
- c) Stones >5mm



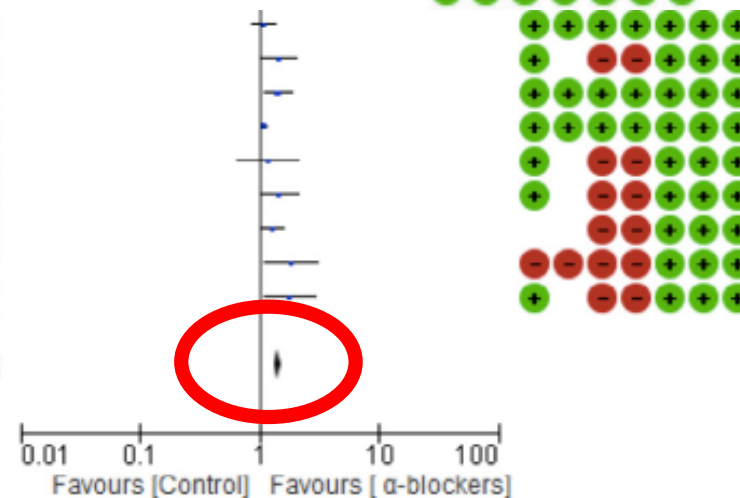
e) Mid Ureter Stone Expulsion

| Study or Subgroup | α-blockers | | Control | | Weight | Risk Ratio | Risk Ratio M-H, Fixed, 95% CI | Risk of Bias | | | | | | |
|-----------------------|------------|-----------|---------|-----------|---------------|--------------------------|----------------------------------|--------------|---|---|---|---|---|---|
| | Events | Total | Events | Total | | M-H, Fixed, 95% CI | | A | B | C | D | E | F | G |
| Ibrahim 2013 | 5 | 6 | 1 | 5 | 2.3% | 4.17 [0.70, 24.94] | + | - | - | | | | + | |
| Itoh 2011 | 4 | 8 | 1 | 8 | 2.1% | 4.00 [0.56, 28.40] | + | - | - | | | | + | |
| Pickard 2015 | 29 | 41 | 36 | 44 | 74.6% | 0.86 [0.68, 1.10] | + | + | + | + | + | + | + | |
| Sur 2015 | 8 | 20 | 10 | 21 | 20.9% | 0.84 [0.42, 1.69] | + | + | + | + | + | + | + | |
| Total (95% CI) | | 75 | | 78 | 100.0% | 1.00 [0.79, 1.28] | | | | | | | | |



f) Distal Ureter Stone Expulsion

| Study or Subgroup | α-blockers | | Control | | Weight | Risk Ratio | Risk Ratio M-H, Fixed, 95% CI | Risk of Bias | | | | | | |
|-----------------------|------------|-------------|---------|-------------|---------------|--------------------------|----------------------------------|--------------|---|---|---|---|---|---|
| | Events | Total | Events | Total | | M-H, Fixed, 95% CI | | A | B | C | D | E | F | G |
| Vincendeau 2010 | 47 | 61 | 43 | 61 | 2.5% | 1.09 [0.88, 1.35] | + | + | + | + | + | + | + | |
| Wang 2008 | 51 | 64 | 17 | 31 | 1.8% | 1.45 [1.03, 2.05] | + | - | - | | | | + | |
| Wang 2016 | 48 | 62 | 33 | 61 | 2.2% | 1.43 [1.10, 1.87] | + | + | + | + | + | + | + | |
| Ye 2017 | 1419 | 1642 | 1300 | 1654 | 3.2% | 1.10 [1.07, 1.13] | + | + | + | + | + | + | + | |
| Yencilek 2010 | 15 | 42 | 15 | 50 | 1.0% | 1.19 [0.66, 2.14] | + | + | + | + | + | + | + | |
| Yilmaz 2005 | 67 | 86 | 15 | 28 | 1.7% | 1.45 [1.01, 2.09] | + | - | - | | | | + | |
| Yuksel 2015 | 32 | 35 | 25 | 35 | 2.4% | 1.28 [1.01, 1.62] | + | + | + | + | + | + | + | |
| Zehri2010 | 23 | 33 | 12 | 32 | 1.2% | 1.86 [1.13, 3.07] | + | - | - | | | | + | |
| Zhou 2011 | 48 | 88 | 13 | 43 | 1.2% | 1.80 [1.10, 2.95] | + | - | - | | | | + | |
| Total (95% CI) | | 4465 | | 4141 | 100.0% | 1.44 [1.34, 1.54] | | | | | | | | |



Total events: 46
Heterogeneity: Chi² = 6.07, df = 3, I² = 51%
Test for overall effect: Z = 0.03, P = 0.98

Total events: 3608
Heterogeneity: Tau² = 0.04, Chi² = 259.29, df = 9, I² = 99%
Test for overall effect: Z = 11.32 (P < 0.00001)

a-blockers are beneficial for...

- **>5mm ureteral stones (78.5% vs. 62.6%)**
- **in the distal (80.8% vs. 65.1%) or proximal ureter (62.7% vs. 47.9%)**

a-blockers facilitate faster spontaneous passage

similar results for all a-blockers



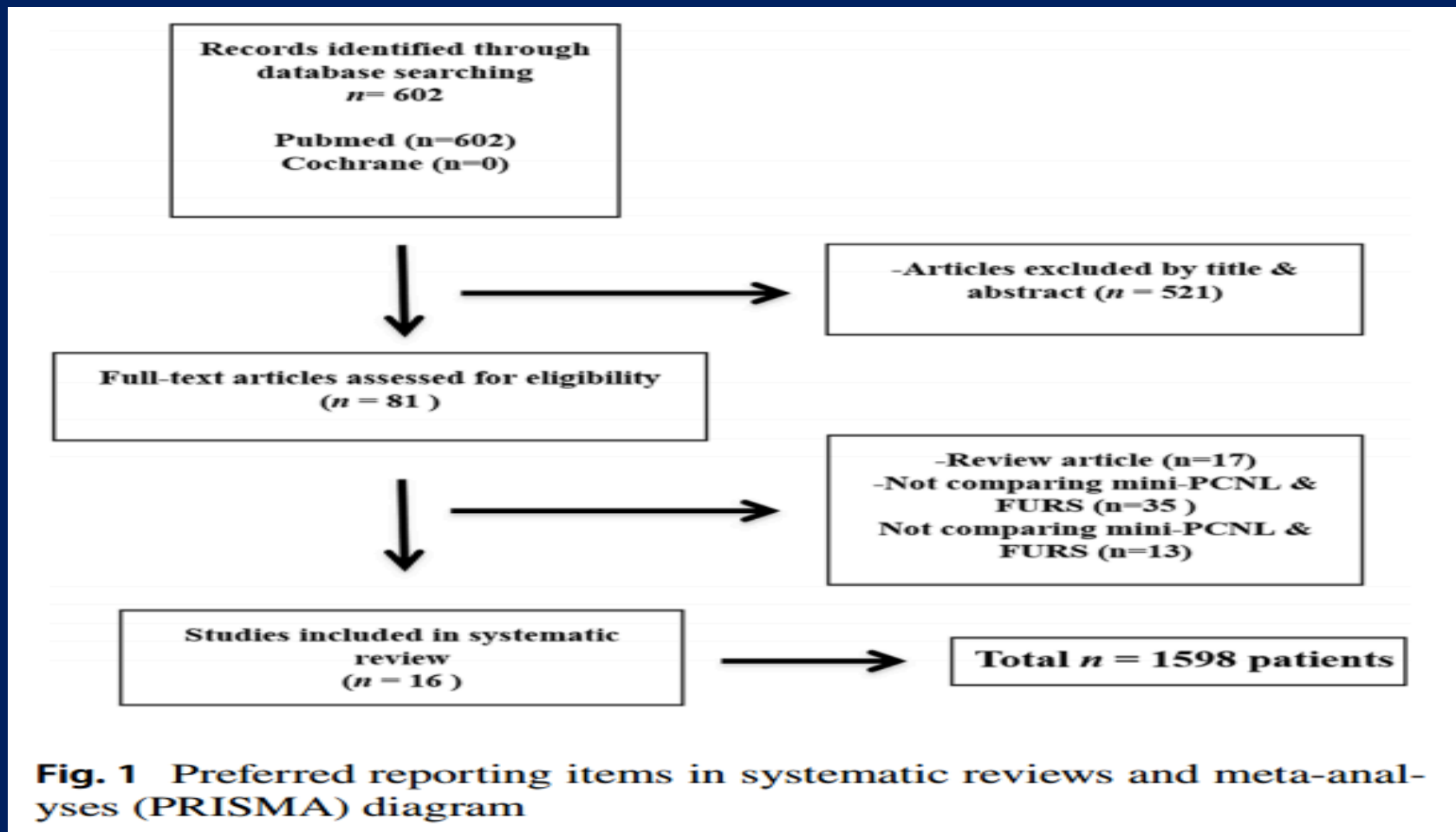
Miniaturised percutaneous nephrolithotomy versus flexible ureteropyeloscopy: a systematic review and meta-analysis comparing clinical efficacy and safety profile

N. F. Davis¹ · M. R. Quinlan¹ · C. Poyet¹ · N. Lawrentschuk¹ · D. M. Bolton¹ · D. Webb¹ · G. S. Jack¹

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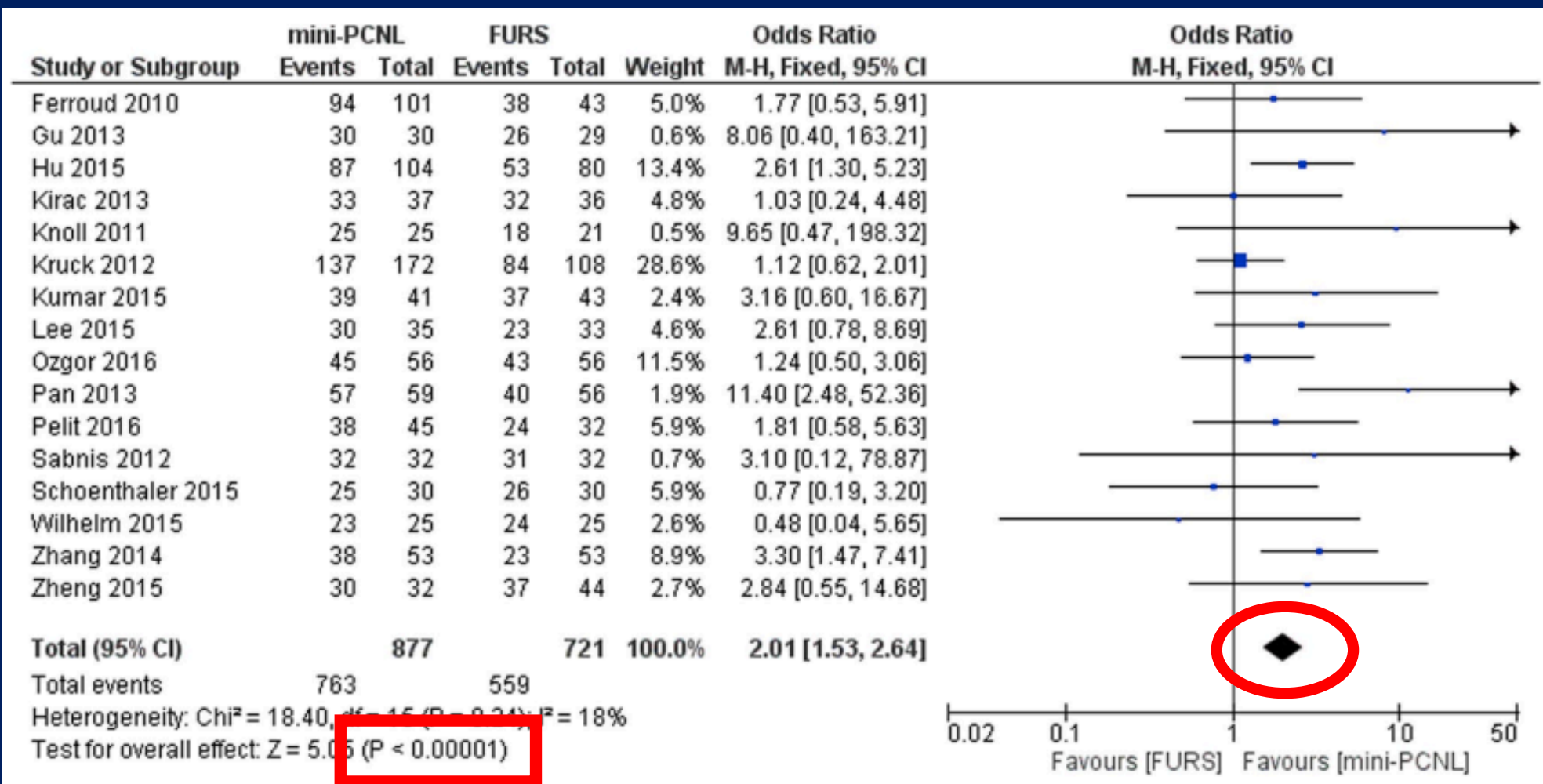


Fig. 2 Forest plot and meta-analysis of overall stone-free rate for miniaturised nephrolithotomy and flexible ureteropyeloscopy

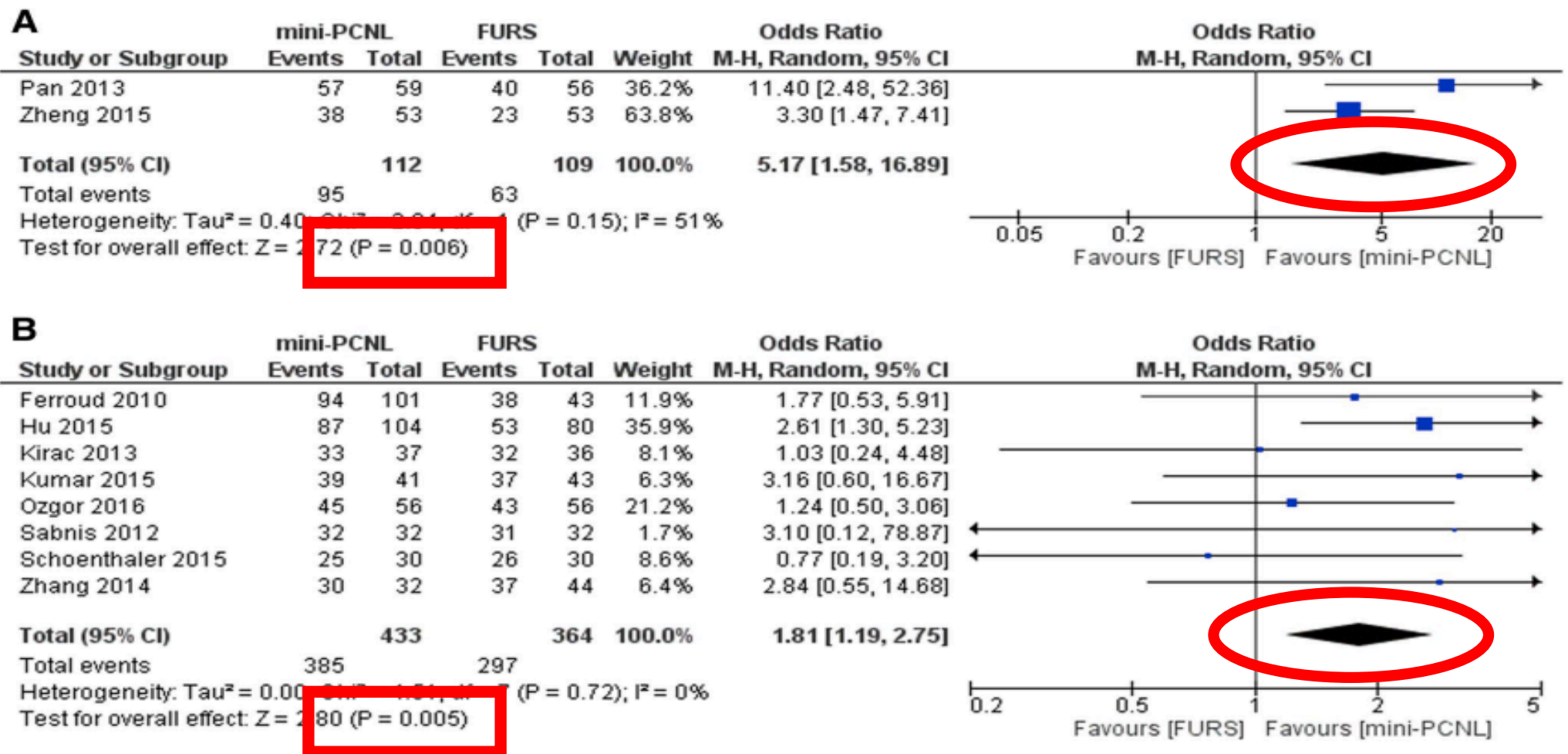


Fig. 4 Forest plot and meta-analysis of stone-free rate for stones > 2 cm (a) and for stones < 2 cm (b) for miniaturised percutaneous nephrolithotomy and flexible ureteropyeloscopy. *SFR* Stone-free rate

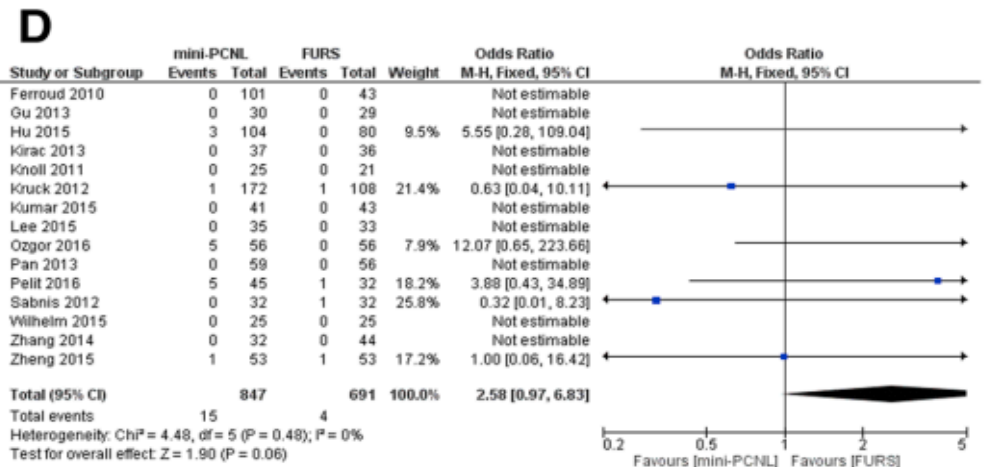
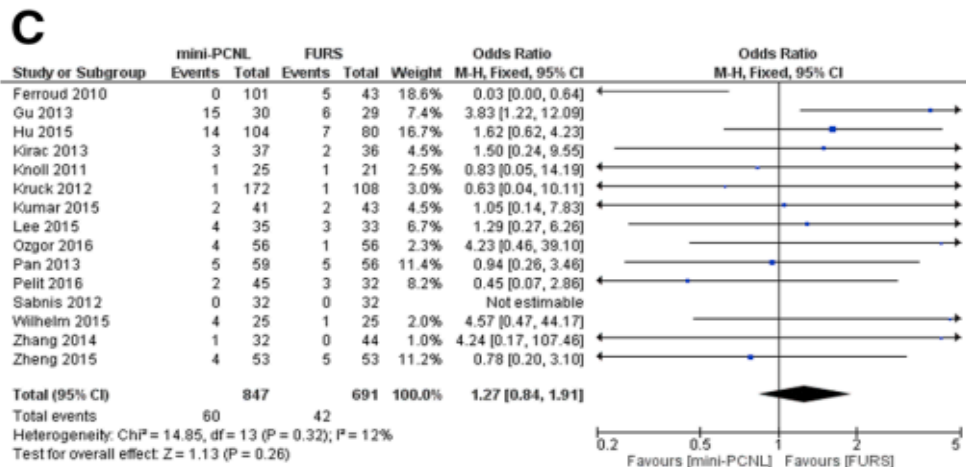
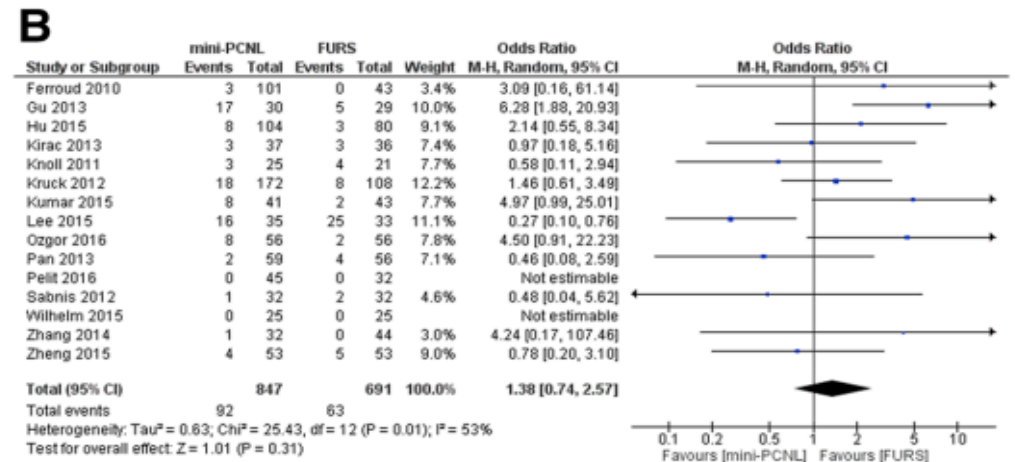
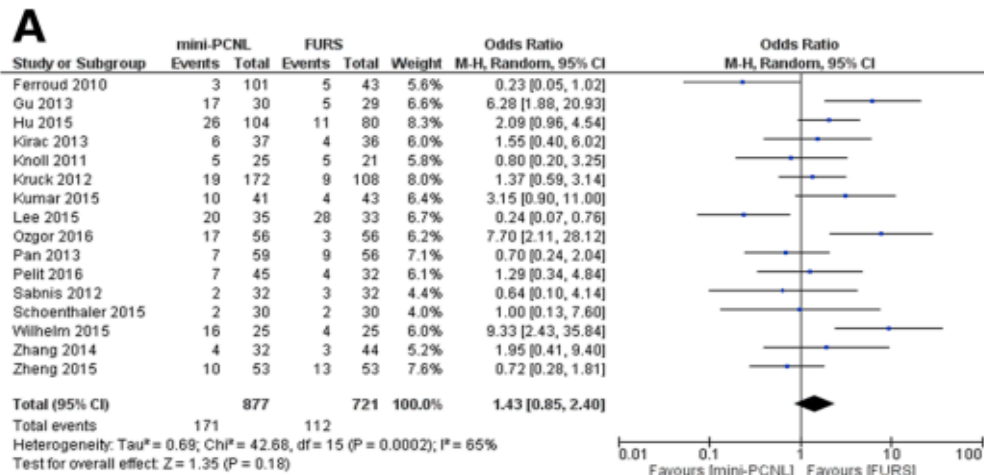


Fig. 6 Forest plot and meta-analysis of overall complication rate (a), Clavien–Dindo grade 1 complications (b), Clavien–Dindo grade 2 complications (c) and Clavien–Dindo grade 3 complications (d) for

patients undergoing miniaturised percutaneous nephrolithotomy and flexible ureteropyeloscopy



mini-PCNL vs. fURS

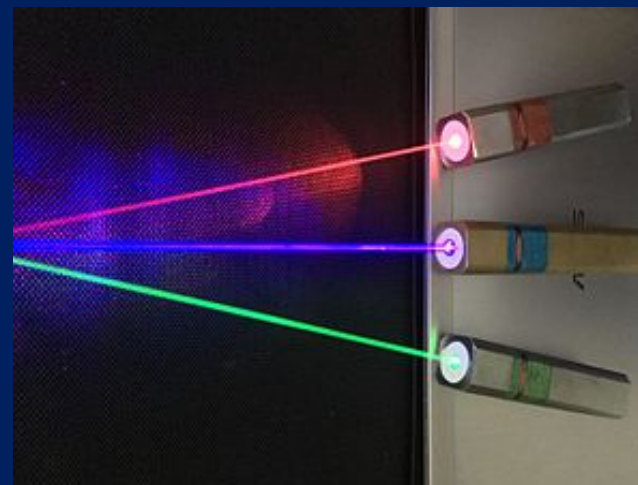
Overall stone-free rate: 89.3% vs. 80.1% (p<0.01)

Overall complication rate: 19.5% vs. 15.5% (ns)



Thulium fiber laser: the new player for kidney stone treatment? A comparison with Holmium:YAG laser

Olivier Traxer^{1,2}  · Etienne Xavier Keller^{1,2,3} 



next generation laser lithotripsy... what do we need???

smaller size fibers

- irrigation
- deflection
- retropulsion
- instrument miniaturisation=> better outflow=> decrease intra-renal pressure

Ho:YAG vs. Thulium

- >200 μm vs. 50-150 μm

next generation laser lithotripsy... what do we need???

lower pulse energy

- dusting
- retropulsion

Ho:YAG vs. Thulium

- 0.200J vs. 0.025J

long pulse energy

- dusting (0.65-1.25ms)

Ho:YAG vs. Thulium

- up to 1ms vs. up to 12ms

higher frequency

- dusting

Ho:YAG vs. Thulium

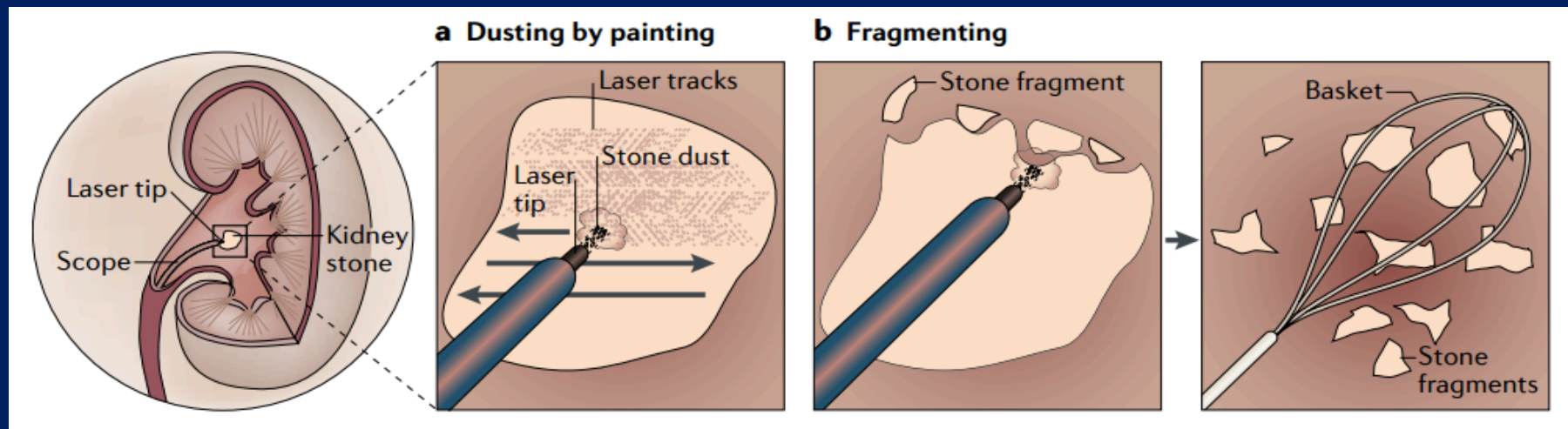
- 80Hz vs. up to 2000Hz

Conclusions

The innovative operating characteristics of the Thulium fiber laser suggest that this new technology has a significant potential for urinary stone treatment. Based on preliminary in vitro studies, the Thulium fiber laser surpasses Holmium:YAG laser in many aspects: (1) integration of smaller fibers with a core diameter as small as 50 μm ; (2) pulse energy as low as 0.025 J; (3) super-high pulse repetition rate range up to 2000 Hz. These new standards may become particularly advantageous for ureteroscopy and open paths that were not been amenable to Holmium:YAG laser.

Dusting technique for lithotripsy: what does it mean?

Steeve Doizi^{1,2}, Etienne Xavier Keller^{1,2}, Vincent De Coninck^{1,2} and Olivier Traxer^{1,2}*



Ευχαριστώ!

