



VAKA SUNUMLARI

OLGU 1



3 Yaş 9 aylık, kız hasta

ŞİKAYETİ: KARIN AĞRISI
TEKRARLAYAN İDRAR YOLU ENFEKSİYONU
PEDIATRİ KLİNİĞİNDE YAPILAN TETKİKLER SONUCU
USG: SOL BÖBREKTE ORTA 9.3 mm TAŞ SAPTANMIŞ

DIŞ MERKEZDE 3 SEANS ESWL UYGULANMIŞ

SOYGEÇMİŞ: BABASI BÖBREK TAŞ HASTASI

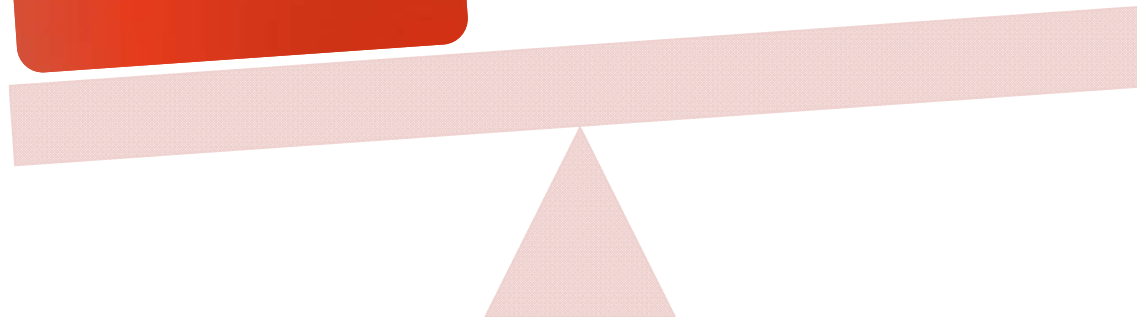
GÖRÜNTELEME

DUSG ?

IVP ?

NON-CONTRAST
CT ?

USG ?



EAU-2015 Pediatric Urology

Recommendations	LE	GR
In most cases, plain abdominal X-ray and ultrasonography is sufficient for diagnosis and follow-up.	2	B
Non-contrast CT may be required in cases with a doubtful diagnosis or complex cases requiring surgery.	2	B
The use of appropriately-sized instruments will decrease the number of complications in surgical treatment.	1	A



DUSG



NON-CONTRAST-CT

LABORATUVAR

RUTİNLER (BK, elektrolitler, TİT, İK, CBC)

Metabolik araştırma ?

24 h İDRAR: (Ca, fosfor, magnezyum, oxalat, ürik asit, sitrat, sistin, protein)

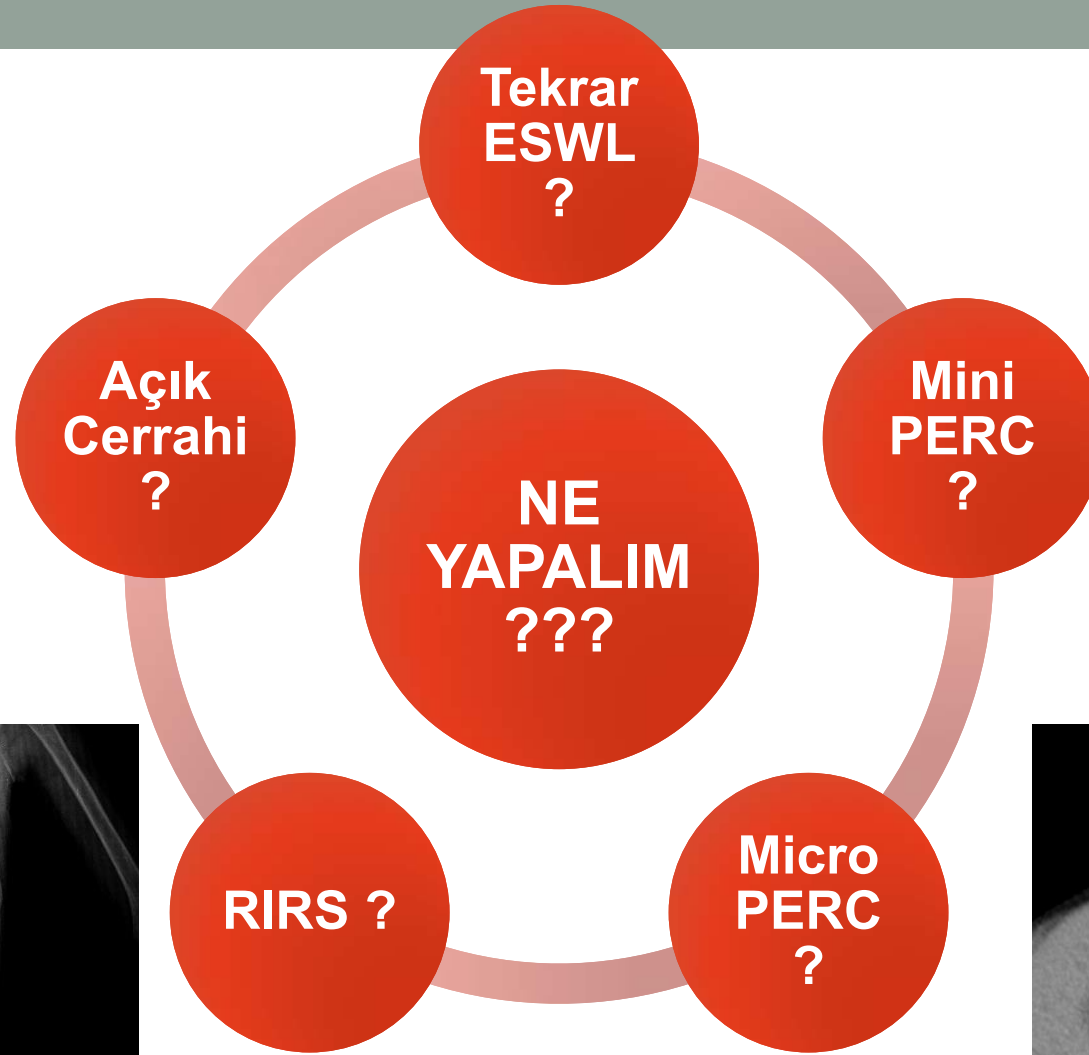
SPOT İDRAR: Ca/CRE



Ca/ CRE : 0.28

PTH normal, Ca normal, e⁻ normal

Tekrarı 0.18



Micro-PNL





POSTOPERTATİF DÖNEM

OLGU 2





8 yaş erkek hasta

Hematüri ve ağrı şikayetleri ile yapılan tetkiklerde sol böbrek taşı

USG: Sol böbrek üst polde 2 adet taş (17 mm ve 6.8 mm) ekstrarenal pelvis, minimal orta derecede dilatasyon.

IVP: sol böbrek te taş, minimal dilatasyon (Dış merkez)

Aile hikayesi pozitif

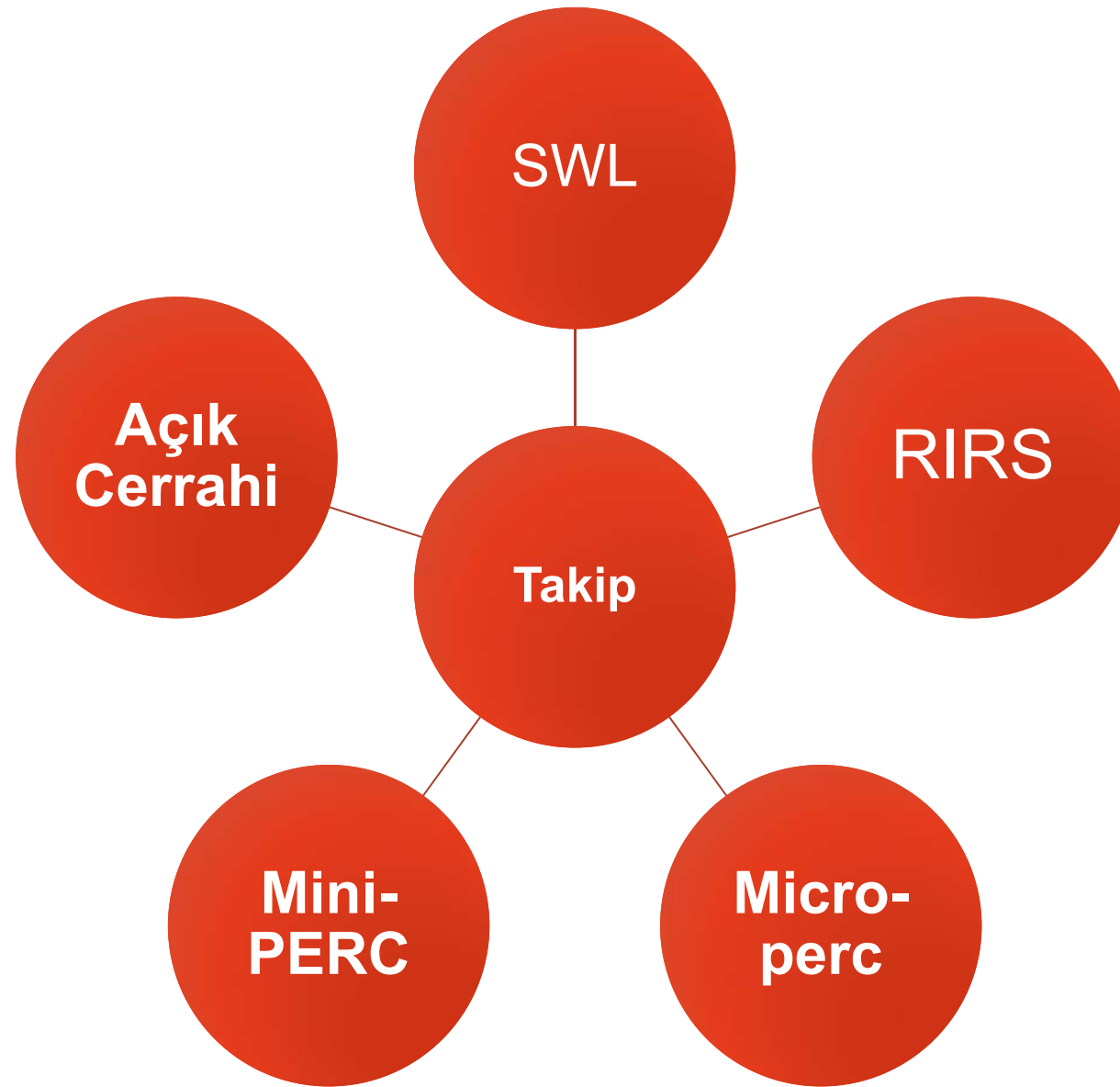




İVP YETERLİ Mİ ?

CT (Non-contrast)





D&J STENT İMPLANTASYONU + ESWL



2. SEANS ESWL SONRASI

ŞİDDETLİ RENAL KOLİK,

BULANTI KUSMA

WBC: 14000, BK: NORMAL

TİT: YOĞUN ERİTROSİT, 120 LÖKOSİT

SUBFEBRİL ATEŞ

CVAH -/+

DUSG VE USG

USG: SOL BÖBREKTE ORTA DERECEDE DİLATASYON VE ÜST POLDE 1 VE U-P BİLEŞKEDE 1'ER ADET AKUSTİK GÖLGE VEREN TAŞ VE RENAL PELVİSTE KATETERE AİT GÖRÜNÜM İZLENMİŞTİR.





BU AŞAMADAN SONRA NE YAPALIM ?



Hospitalize edidi

Ampirik tedavi ve sonrasında kültür-
antibiyoqram sonucuna göre antibiyotik

Antipiretik, hidrasyon

BK:8000, BK: Normal

Ateş yok

Renal kolik devam ediyor

**D&J
STENT
DEĞİŞİMİ
SONRASI
ESWL'ye
DEVAM**

RIRS

MINI-PNL

**MICRO-
PNL**

**AÇIK
CERRAHİ**

?

?

?

?

?

D&J EKSTRAKSİYONU + RIRS





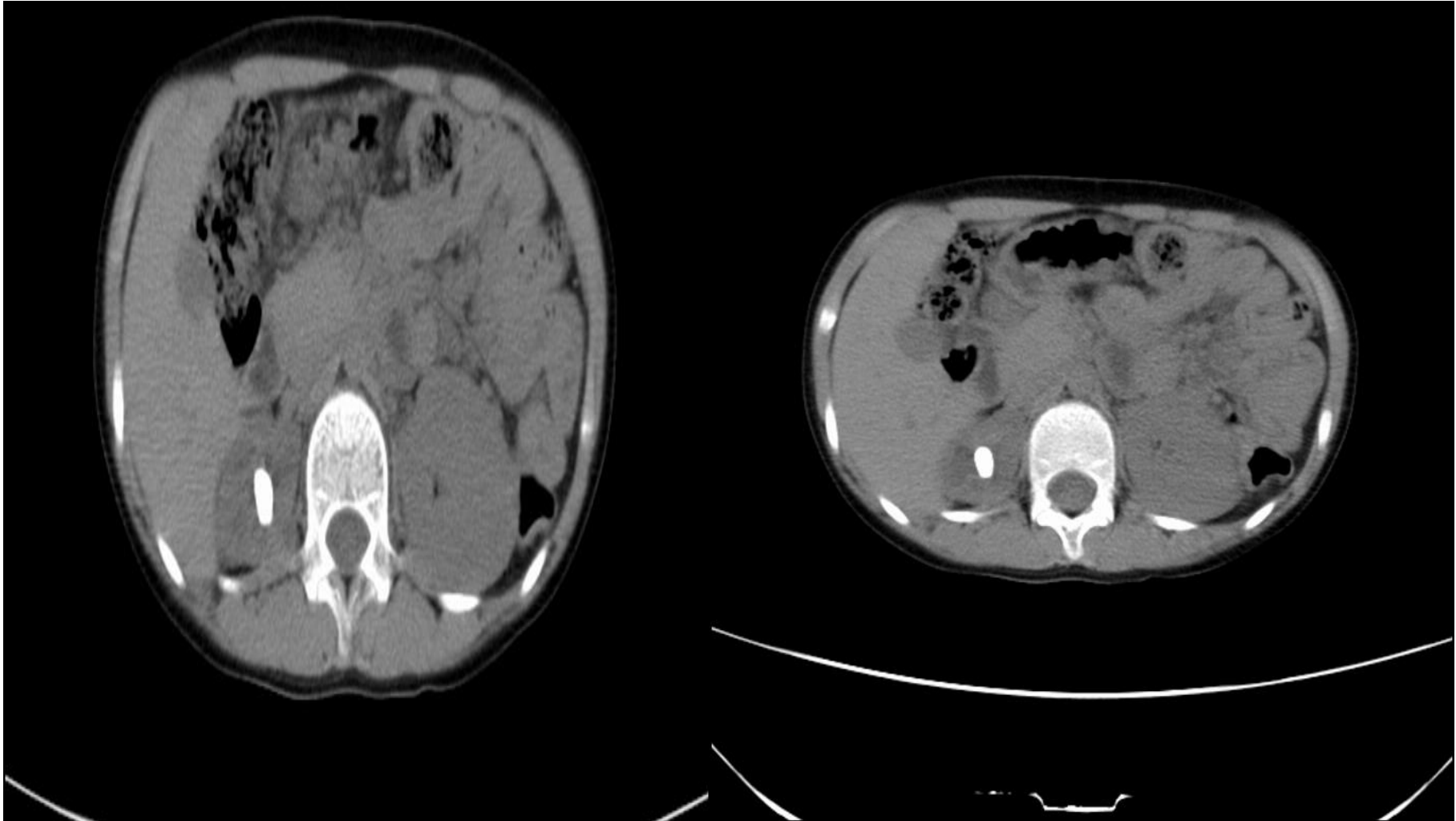
OLGU 3



OLGU 3

- 6 YAŞ KIZ HASTA
- SAĞ YAN AĞRISI
- DUSG: SAĞ TARAFTA RADYOOPASİTE
- USG: SAĞ BÖBREK RENAL PELVİSTE TAŞ 15*11 MM
- 3+2 SEANS ESWL
- 5 SEANSIN SONUNDA KIRILMA YOK





**ESWL'ye
DEVAM**

RIRS

MINI-PNL

**MICRO-
PNL**

**AÇIK
CERRAHİ**

?

?

?

?

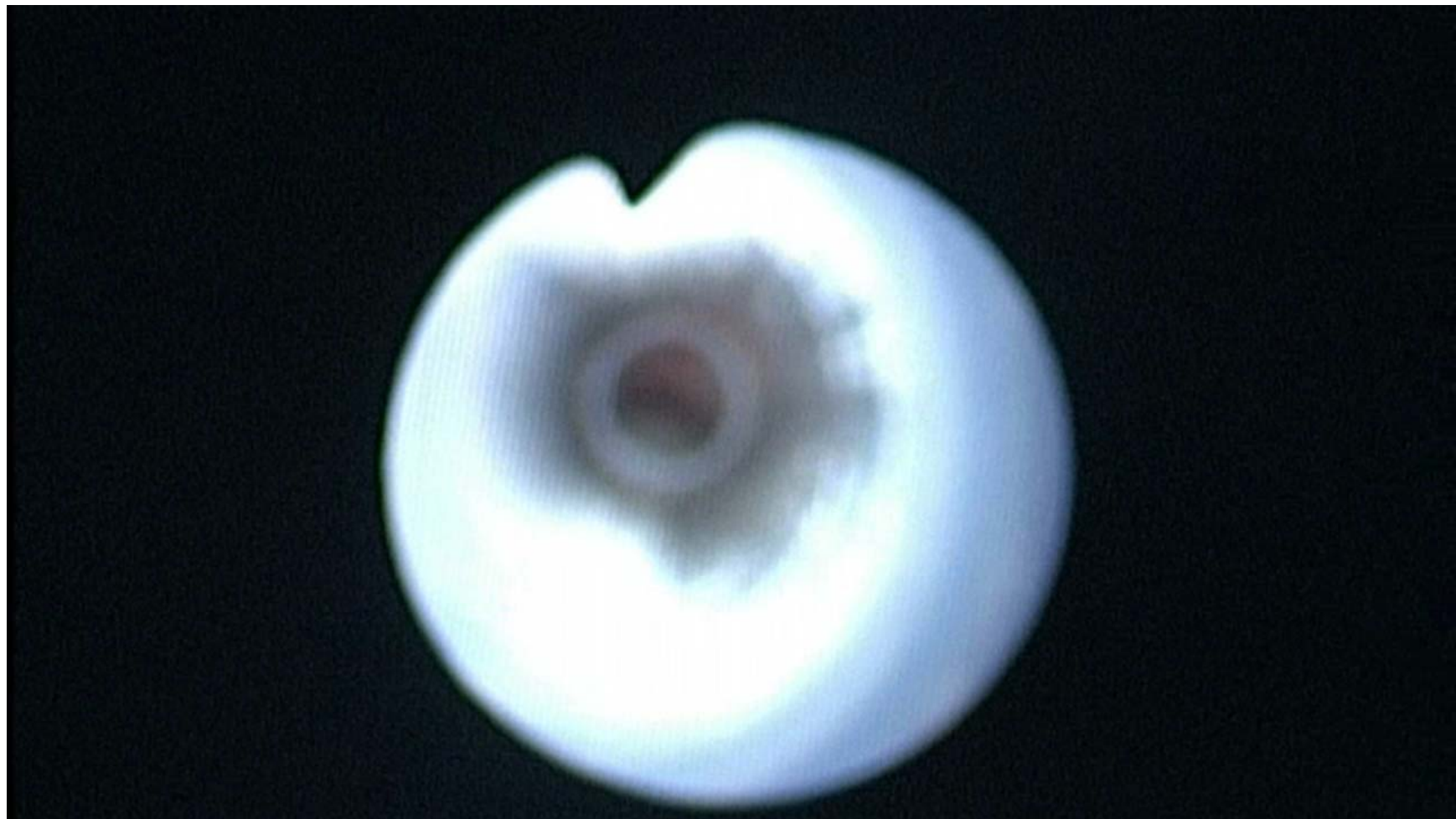
?

Table 9: Recommendations for interventional management in paediatric stones

Stone size and localisation*	Primary treatment option	LE	GR	Secondary treatment options	Comment
Staghorn stones	PCNL	2	B	Open/SWL	Open/SWL Multiple sessions and accesses with PCNL may be needed. Combination with SWL may be useful.
Pelvis < 10 mm	SWL	1	A	RIRS/PCNL/MicroPerc	
Pelvis 10-20 mm	SWL	2	B	PCNL/RIRS/MicroPerc/Open	Multiple sessions with SWL may be needed. PCNL has similar recommendation grade.
Pelvis > 20 mm	PCNL	2	B	SWL/Open	Multiple sessions with SWL may be needed.
Lower pole calyx < 10 mm	SWL	2	B	RIRS/PCNL/MicroPerc	Anatomical variations are important for complete clearance after SWL.
Lower pole calyx > 10 mm	PCNL	2	B	SWL/ MicroPerc	Anatomical variations are important for complete clearance after SWL.
Upper ureteric stones	SWL	2	B	PCNL/URS/Open	
Lower ureteric stones	URS	1	A	SWL/Open	Additional intervention need is high with SWL.
Bladder stones	Endoscopic	2	B		Open is easier and with less operative time with large stones.

* Cystine and uric acid stones excluded. *PCNL* = percutaneous nephrolithostomy; *SWL* = shock-wave lithotripsy; *RIRS* = retrograde intrarenal surgery; *URS* = ureteroscopy.

RIRS





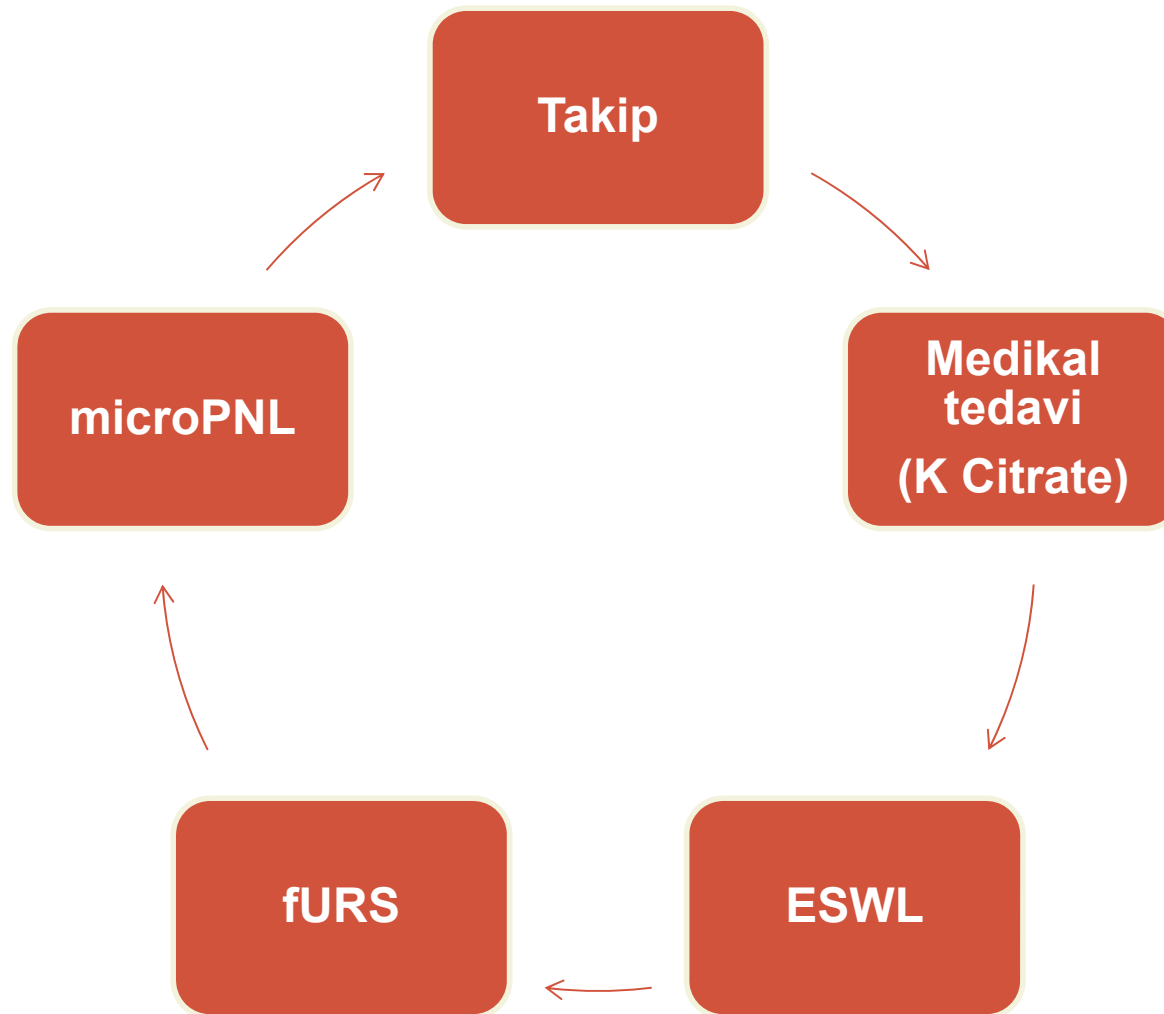
OLGU 4



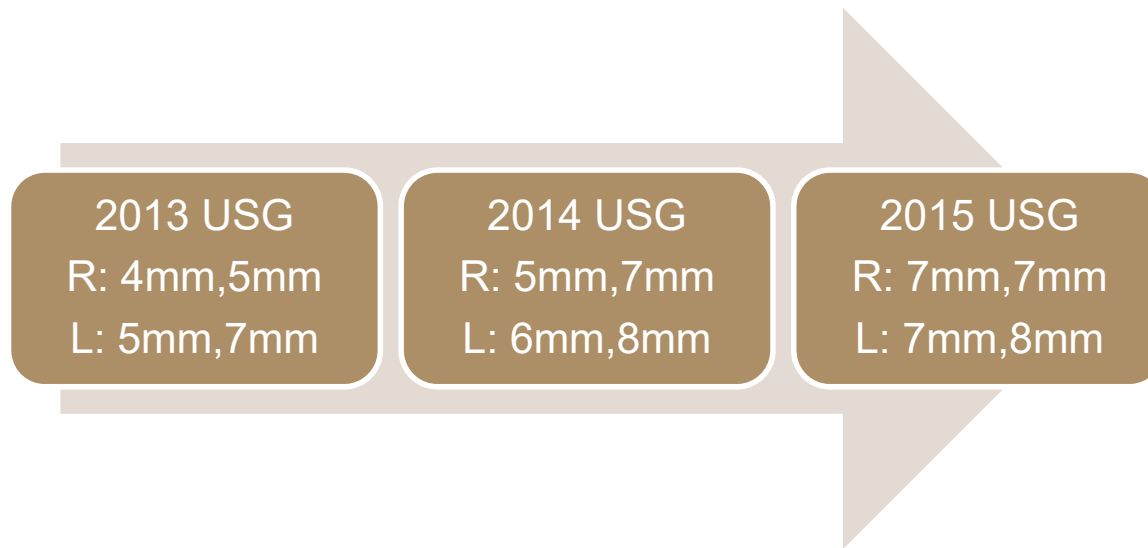
- 13 yaş erkek , bilateral staghorn taş
- Geçmiş iki ay içinde 2 kez ateşli üriner sistem enfeksiyonu öyküsü +
- Bil. Mini perc yapılmış
- Post op herhangi bir komplikasyon olmamış
- Sol yan ağrısı mevcut

- Postoperatif USG: Sağ böbrek alt polde 3 ve 4mm taş, sol böbrek alt polde 3 ve 5 mm taşlar mevcut.
- Taş analizi: Ca oxalate
- 24 h idrar analizi: Ca: Normal, **Citrate: düşük,**
- Oxalate: Normal

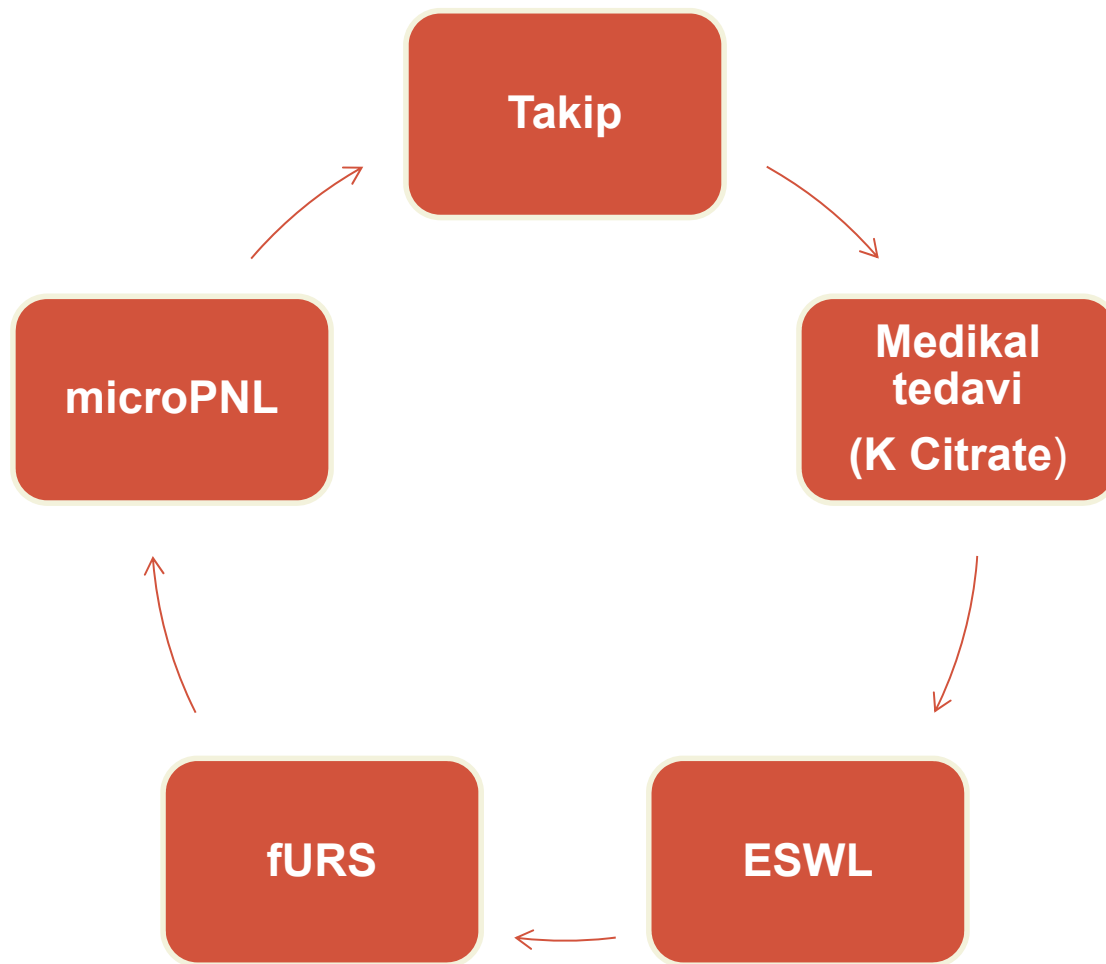
Ne yapalım ?



- K Citrate (Urocit K) tedavisi başlanıyor.



- Üriner sistem enfeksiyonu gelişmedi
- Sol yan ağrısı orta derecede +



Ne yapalım ?

Guidelines on Paediatric Urology

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Table 11: Recommendations for interventional management in paediatric stones

Stone size and localisation*	Primary treatment option	LE GR	Secondary treatment options	Comment
Staghorn stones	PCNL	2B	Open/SWL	Multiple sessions and accesses with PCNL may be needed. Combination with SWL may be useful.
Pelvis < 10 mm	SWL	1A	RIRS/PCNL	
Pelvis 10-20 mm	SWL	2B	PCNL/Open	Multiple sessions with SWL may be needed. PCNL has similar recommendation grade.
Pelvis > 20 mm	PCNL	2B	SWL/Open	Multiple sessions with SWL may be needed.
Lower pole calyx < 10 mm	SWL	2B	RIRS/PCNL	Anatomical variations are important for complete clearance after SWL.
Lower pole calyx > 10 mm	PCNL	2B	SWL	Anatomical variations are important for complete clearance after SWL.
Upper ureteric stones	SWL	2B	PCNL/URS/ Open	
Lower ureteric stones	URS	1A	SWL/Open	Additional intervention need is high with SWL.
Bladder stones	Endoscopic	2B		Open is easier and with less operative time with large stones.

* Cystine and uric acid stones excluded.

- ESWL
- Ancak başarı alt polde % 50'nin altında

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Abstract ▾ Send to: ▾

J Endourol. 1998 Apr;12(2):113-9.

Lower-pole caliceal stone clearance after shockwave lithotripsy, percutaneous nephrolithotomy, and flexible ureteroscopy: impact of radiographic spatial anatomy.

Elbahnasy AM¹, Clayman RV, Shalhav AL, Hoenig DM, Chandhoke P, Lingeman JE, Denstedt JD, Kahn R, Assimos DG, Nakada SY.

⊕ Author information

Abstract

Spatial anatomy of the lower renal pole, as defined by the infundibulopelvic angle (LIP angle), infundibular length (IL), and infundibular width (IW), plays a significant role in the stone-free rate after shockwave lithotripsy. A wide LIP angle, a short IL, and a broad IW, individually or in combination, favor stone clearance, whereas a LIP <70 degrees, an IL >3 cm, or an IW < or =5 mm are individually unfavorable. When all three unfavorable factors or an unfavorable LIP and IL coexist, the post-SWL stone-free rate falls to 50% or less. Using these criteria, more than one fourth of our patients with a lower-pole calculus might have been better served by an initial percutaneous or perhaps ureteroscopic procedure, neither of which is significantly affected by the lower-pole spatial anatomy.

PMID: 9607435 [PubMed - indexed for MEDLINE]

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The impact of caliceal pelvic anatomy on stone clearance after shock wave lithotripsy [J Urol. 2004]

Predictors of lower pole renal stone clearance after extracorporeal shock wave lith [J Urol. 2002]

Review Management options for lower pole renal calculi. [Curr Opin Urol. 2008]

Review [Controversy on lower pole stones: monitor or intervene?]. [Urologe A. 2012]

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A comparative study to analyze the efficacy and safety of flexible ureter [Int J Clin Exp Med. 2015]

Review Strategies to optimize shock wave lithotripsy outcome: Patie [World J Nephrol. 2015]

Diuresis and inversion therapy to improve clearance of lower caliceal s [Indian J Urol. 2015]

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- Micro-PNL gerekleřtirildi.



Initial experience of micro-percutaneous nephrolithotomy in the treatment of renal calculi in 140 renal units

Namık Kemal Hatipoğlu · Abdulkadir Tepeler · Ibrahim Buldu · Gokhan Atis · Mehmet Nuri Bodakci · Ahmet Ali Sancaktutar · Mesrur Selcuk Silay · Mansur Daggulli · Mustafa Okan Istanbuluoglu · Tuna Karatag · Cenk Gurbuz · Abdullah Armagan · Turhan Caskurlu



Journal of Pediatric Urology (2015) 11, 34.e1–34.e5

Treatment alternatives for urinary system stone disease in preschool aged children: Results of 616 cases



Haluk Sen, Ilker Seckiner, Omer Bayrak, Sakip Erturhan, Asaf Demirbağ

Journal of Pediatric Surgery (2013) 48, 1578–1583



Journal of
Pediatric
Surgery

www.elsevier.com/locate/jpedisurg

Initial report of microperc in the treatment of pediatric nephrolithiasis

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• TEŞEKKÜRLER