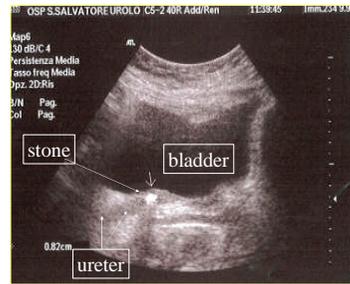


Emergency Extracorporeal Shock Wave Lithotripsy



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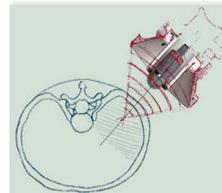
Introduction: after April the 6th 2009, in L'Aquila, we had to move our lithotripter from ward to a medical container, close to the emergency tent. We were able to treat, immediately, all patients coming with renal colic and ureteral stone.



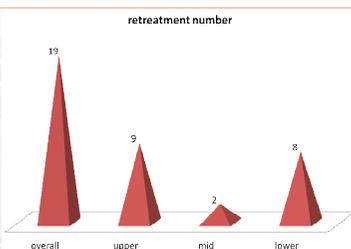
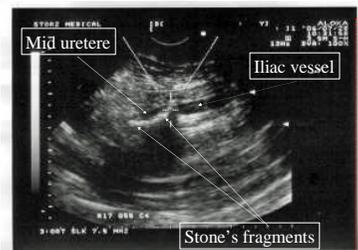
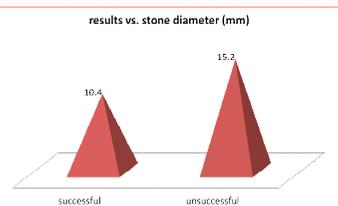
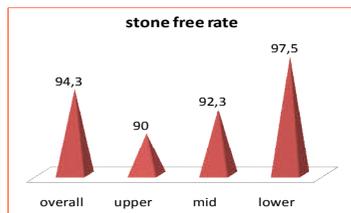
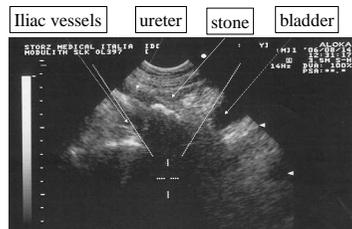
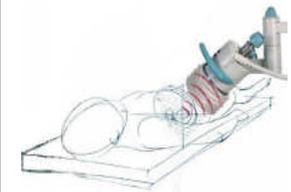
Purpose: we analyzed stone free rate and reduction of operating room access for ureterolithotripsy.



Methods we registered all patients sent for renal colic and ureteral stone from May 2009 to April 2010. 141 patients underwent to ESWL with Storz SLK lithotripter. Stone identification was done by ultrasound sonography. No ureteral stent was placed in. Treatments were done within 6 hours from the diagnosis; patients with renal colic were treated before to relieve the pain. 35% of stones were in the lumbar ureter, 9,2% in the iliac and 55,3% in the pelvic.



Methods 2: The cylinder source allows an ultrasound transducer to be integrated within the shock wave source: localization and therapy follow the same path »in-line«.



Results: The overall stone free rate was 94.4%. Success was 98.6% in the distal ureter; 92.4% in the iliac and 90% in the proximal. We had a 13.5% of retreatment, most performed within 3 days. 8 of 141 patients successively underwent to ureterolithotripsy. Two of them received an ureteral stent for flogistic stenosis of the ureter and a second ureterolithotripsy. Two patients showed fragmentation of the stone at ureterolithotripsy. No significant complications were registered.



Conclusions: emergency ESWL is a not invasive treatment, without main complications reported that does not require anesthesia. So we believe that it should be considered the first line treatment in patients with ureteral stones with more success chance as soon as it is performed.