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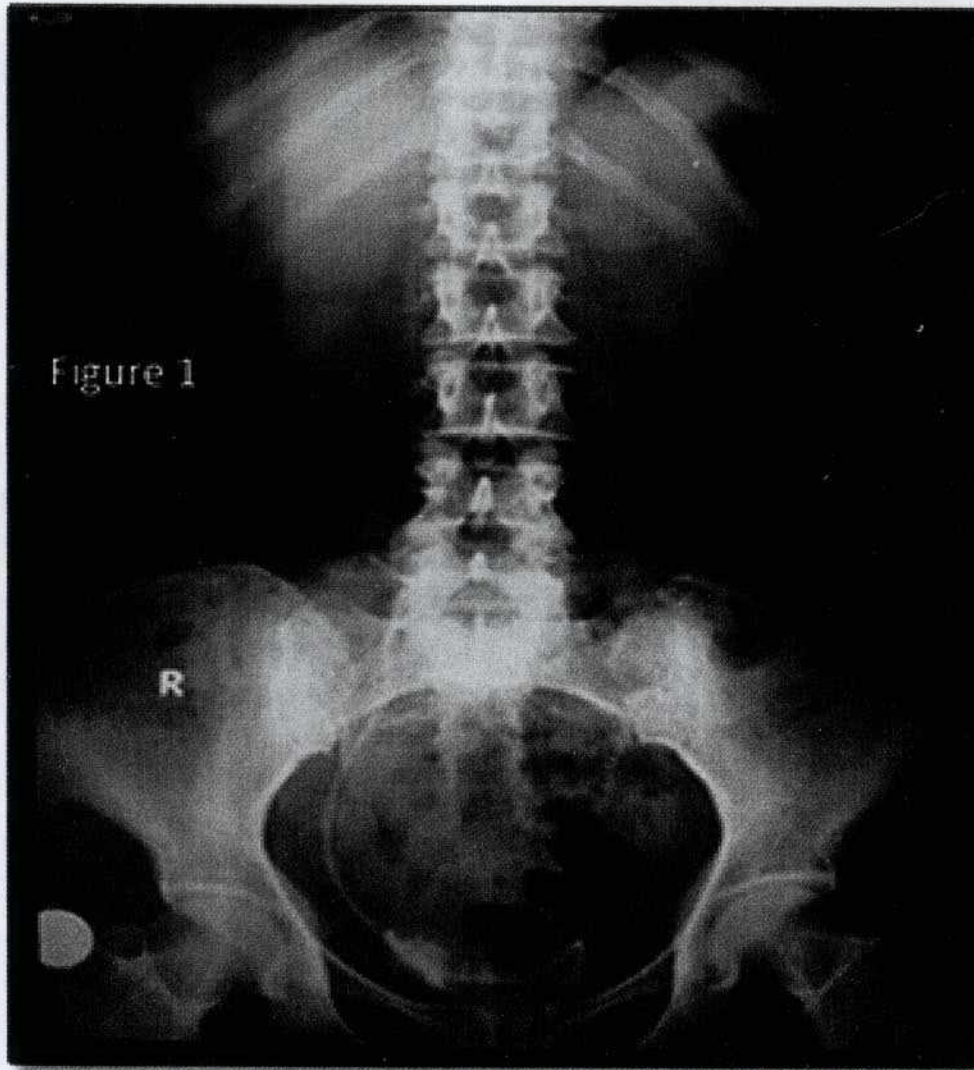
A 65 year old female presented with intermittent suprapubic pain and hematuria since 1 year. There was also history of intermittent fever with chills and rigors. She received antibiotics and urine alkalinezer from different local practitioners. Her past history revealed that she underwent hysterectomy 10 years back. No other significant past history. The hematological and blood chemistry investigations were normal except for leukocytosis. Urine analysis revealed numerous pus cells. X-ray KUB was done (Figure 1).

Q: What is your diagnosis?



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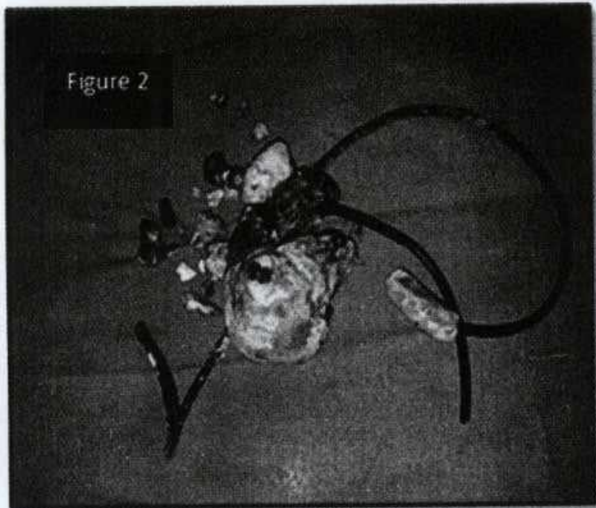
Answer on page No. 208

Answer to Quiz (Page No. 204)

Double J Stents

X-ray KUB revealed migrated coiled right double J urethral stent (DJ stent) with encrustation in the urinary bladder (Panel A).

Surgery: The patient was posted for suprapubic cystolithotomy. The large bladder stone encrusted around the coiled DJ stent was removed (Figure 2).



DISCUSSION:

Double J Stents are commonly used in urological practice as described by Finney et al.[1] It is playing a wonderful role ever since it was introduced in 1967. The stent allows good urinary drainage from kidney to the bladder in cases of extrinsic or intrinsic obstruction of urinary passage. They are useful in cases of iatrogenic injuries to the ureter and also prophylactically in complex abdominal surgeries.[2] They are usually well tolerated by the patient.

The complication related to its use are increased urgency, frequency of urination, hematuria, dysuria, leakage of urine, vesicoureteric reflux, migration, encrustation, urinary tract infection, stent fracture and secondary vesical calculus formation.[3]

Damiano R et al reported that morbidity and complications were minimal when the stent was left in situ for less than three months.[4] Hao P et al concluded that these stents are safe and useful adjunct for both endoscopic and open procedures, if it was kept in situ for less than 28 days.[5]

All patients should be counselled about the longterm complications of indwelling stents and the importance of their removal.

References:

1. Finny RP. Experience with new Double J Ureteral catheter stent. J Urol1978;120:678-81.

2. Borboroglu PG, Kane CJ. Current management ofseverely encrusted ureteral stents with a large associated stone burden. J Urol 2000;164:648-650.

3. El Khader K. Complication of double J ureteral stents. J Uro 1996;102(4):173-5.

4. Damiano R, Oliva A, Esposito C, De Sio M, Autorino R, D Armiento M. Early and late complications of double pigtail ureteral stent. URO Int 2002;69(2):136-40.

5. Hao P, Li W, Song C, Yan J, Song B, Li I. Clinical evaluation of double pigtail stent in patients with upper urinary tract diseases: report of 2685 cases. J Endourol 2008;22(1):65-70.

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