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Greetings

MP-103

Pre-and Postoperative predictors of infections-related complications following mini-endoscopic combined intrarenal surgery

Speaker: Yutaro Tanaka¹, Speaker: Shuzo Hamamoto¹,
Speaker: Teruaki Sugino¹, Speaker: Rei Unno¹,
Speaker: Ryosuke Ando¹, Speaker: Atsushi Okada¹,
Speaker: Keiichi Tozawa¹, Speaker: Takahiro Yasui¹

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Object: To evaluate postoperative predictors of infection-related complications undergoing mini-endoscopic combined intrarenal surgery (mini-ECIRS).

Methods: A total of 88 patients with renal or upper ureteric calculi who underwent mini-ECIRS from 2015 to 2017 were reviewed. All patients received antimicrobial treatment for 3 days postoperatively. Postoperative infection-related complications included febrile urinary tract infection (UTI) and sepsis. Pre- and postoperative predictors of infection were identified.

Results: We identified 88 patients who underwent mini-ECIRS with infection-related complications occurring in 19 (21%): 16 (18%) patients with UTI and systemic inflammatory response syndrome (SIRS) and 3 (3%) patients with sepsis. There were no significant differences between those with and without infection with regard to age, gender, body mass index (BMI), presence of diabetes and preoperative hydronephrosis, stone size including multiple and staghorn stone, preoperative procedures and complications of urinary tract extra perforation and residual stone. Those with infection were more likely to have a history of UTI ($p=0.016$), a positive preoperative urinary culture ($p<0.001$). On multivariable analysis, presence history of UTI and a positive preoperative urinary culture remained independently associated with increased risks of fever, SIRS or sepsis (OR 9.33; $p=0.011$, OR 21.10; $p=0.001$ respectively).

Conclusions: Post-mini-ECIRS infection-related complications were found to be more common in patients with a history of UTI and positive preoperative urinary culture.

MP-104

Clearance rate comparison in second look nephroscopy vs PCNL alone for stones less than 800 Hounsfield units: A randomised control trial in Hospital Tengku Ampuan Afzan, Kuantan, Malaysia

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BACKGROUND: Residual stones post percutaneous nephrolithotomy (PCNL) accounts up to 17%. Plain radiograph may not detect residual for radiolucent stones. Our objectives was to determine the incidence of significant residual stones of less than 800 Hounsfield Unit (HU) and whether routine second look nephroscopy improves PCNL clearance rate.

STUDY DESIGN: We conducted a prospective single center randomized control trial from June 2015 to December 2018 in Kuantan, Malaysia, comparing PCNL only with PCNL with second look nephroscopy for stones less than 800 HU. Patients were randomized to PCNL only or PCNL with second look nephroscopy. Both arms are followed up at 3 months with ultrasound to detect residual. The primary end point was clearance rate of PCNL with second look compared to PCNL only.

RESULTS: Current results are still preliminary. All enrolled patients, 52 were comparable for age ($p=0.275$), gender ($p=0.578$), BMI ($p=0.032$) and ASA ($p=0.456$). Between two groups, mean HU were 479.5 ($p=0.833$), duration of op ($p=0.83$), and stone size ($p=0.069$). Clearance rate of PCNL alone is 80% vs 67% for second look group. Second look nephroscopy was able to detect 32% more residual stones, of which 66% were cleared. Post-operative ultrasound showed residuals in 3 patients who received second look compared with 10 residuals detected on PCNL alone, clearance rate 89% vs 58% which is statistically significant ($p=0.006$; <0.01)

CONCLUSIONS: Second look nephroscopy is able to detect missed radiolucent stones post PCNL up to 32% and improve clearance rate compared to PCNL alone.