Ureterocalicostomy for the Treatment of Select Cases of Ureteropelvic Junction Obstruction

TAREK OSMAN
Urology Department, Ain Shams University, Cairo, Egypt.

Purpose:
To present our experience in UC (Ureterocalicostomy) for the management of selected cases of UPJO (Ureteropelvic Obstruction) and to report our criteria for indicating UC for such cases.

Materials and Methods:
The data of 22 patients treated by UC from April 2002 to April 2009 are presented. The indications for UC were: primary UPJO with completely intrarenal pelves (2 cases), complicated (2ry or recurrent) UPJO with an intrarenal pelvis and/or reversed calyceo-pelvic ratio (16 cases) and following iatrogenic injury at the UPJ (4 cases).

Results.
After a mean follow up of 26.7 month (+ 20.99) (range: 12-96mth), success of UC was achieved in 16 patients (73%). This was in the form of complete cure in 12 and improvement in 4 patients. In 2 patients the condition remained stationary while failure of UC was encountered in 4 patients. Of the latter, 2 patients underwent nephrectomy (for persistent symptoms in one and for recurrent pyelonephritis in the other) and two other patients are treated with indwelling JJ stents with frequent exchange.

Conclusion:
Given the nature of UPJO in our patients, the results of ureterocalicostomy in this study were satisfactory. The procedure generally has limited indications and is technically demanding. However, the procedure could be the best alternative in select case of complex UPJO namely in the presence of intrarenal pelvis and/or when the degree of calycectasis is more than that of pyelectasis.