



## Original Article: Study Of Lower Ureteric Calculi Size Determines The Modalities Of Treatment.

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### I. INTRODUCTION:

Stones do not usually form in the ureter but drop down from the pelvicalyceal system while they are still small. They tend to increase in size as they remain in the urinary passage. Most stones smaller than 5mm size pass spontaneously by medical therapy. However some stones may arrest in the ureter producing complications such as obstruction, infection, hematuria and acute renal failure. Therefore urgent relief is to be given to these patients.

The treatment of ureteric stones has undergone a remarkable evolution in the last 15 years. At one time open uretero-lithotomy and blind stone basket manipulation were the mainstay of surgical management. They have now been superseded by an array of superior modalities. Among them ureteroscopy (URS) is the most favoured method for the treatment of ureteric stones.

### II. METHODOLOGY

This observational study was conducted at Surat municipal institute of medical education and research, from June 2015 to June 2016. Sampling technique was purposive sampling. Sample was collected from indoor record case sheet according to inclusion and exclusion criteria. Statistical tests which were used in this study are z-test and chi-square test. Patients are divided in two groups, group 1 – Tamsulosin group (medical management) Group 2 –ureteroscopy (URS) group (surgical management)

### III. RESULT

In our stud, the clearance rate is 100% in the tamsulosin group. When the stone size was in the range of 3-5mm. when the stone size were in the range of 6-8mm and 8-14mm, the clearance rate were 25.4% and 5.4% respectively. In this study, 94.6% of stones of size 8-14 mm removed by URS and only 5.4% of stones which were 8-14 mm removed by URS and only 5.4% of stones which were 8-14mm size cleared by tamsulosin.



#### **IV. CONCLUSION**

Conservative management by tamsulosin is a better approach for calculi upto 5 mm. tamsulosin has minimal role in stone size 6-8mm for which URS appears to be better. For calculi >8mm, URS is the best option with minimal complication, better outcome and early stone free period for the patient.