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Clinical Image

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Impacted vesicouretric stone a quagmire settled with holmium laser

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Clinical image description

A 38 years female presented with left flank pain, nausea, and vomiting. Ultrasound and Noncontrast CT scan were suggestive of left hydronephrosis with left Vesicoureteral stone (Figure 1). Conservative medical treatment previously was not successful. Blood investigations were Hb 11.5 gm%, TLC 11500/mm^3, urea 22, creatinine 0.6, urine was full of RBCs. She was taken to the operation theatre for emergency double j stenting. Cystoscopy showed impacted left vesicoureteral stone (Figure 2,3).

DJ stenting was not successful. After lignocaine injection around the stone was fragmented with holmium laser. Complete stone clearance was done. The postoperative period was uneventful.

Impacted vesicoureteral stones are infamous to treat. DJ stent is not possible in these cases hence laser-guided stone fragmentation is the only option when diversion is not possible. Cystoscopy-guided holmium laser fragmentation can be done easily with minimal setup under local anesthesia.

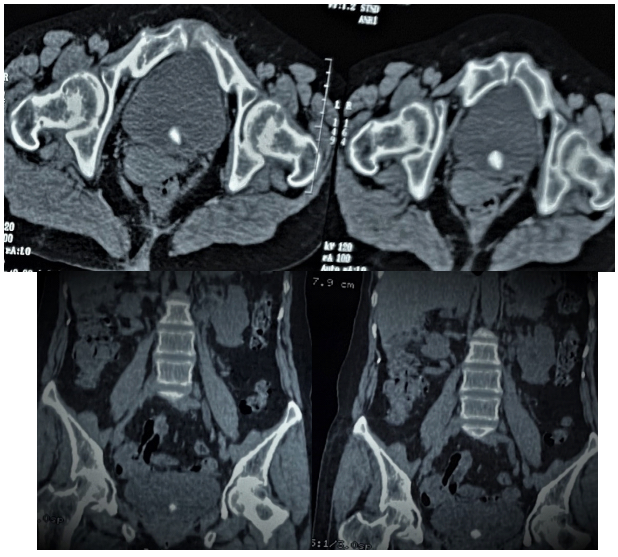

Figure 1: NCCT KUB (Axial and coronal) sections shows vesicoureteral junction stone.

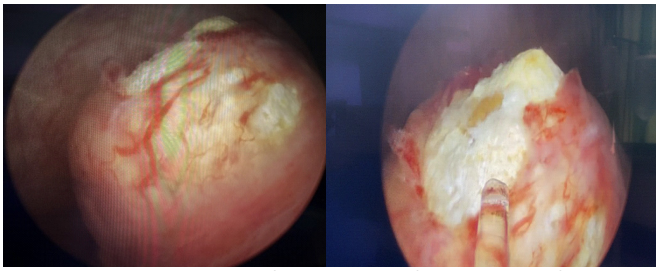

Figure 2: Cystoscopy view shows impacted vesicoureteral junction stone.

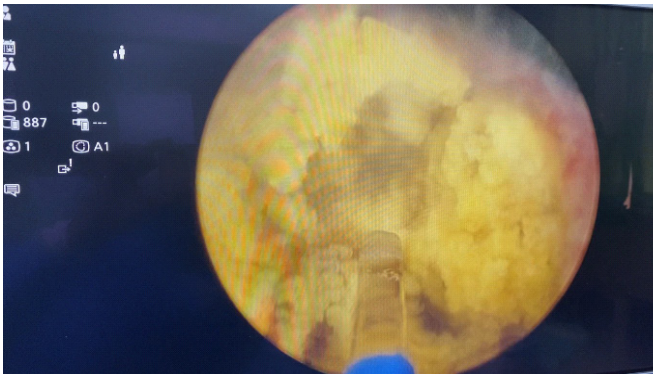

Figure 3: Cystoscopy view shows fragmentation of vesicoureteral stone done by holmium laser.