

## Update from third international consultation on stone disease

J. J. M. C. H. de la Rosette<sup>1</sup> · J. Denstedt<sup>2</sup>

Published online: 18 July 2017  
© Springer-Verlag GmbH Germany 2017

In 1899 Charles Duell Commissioner of the US Patent Office stated “everything that could be invented has been invented” and in 1981 Bill Gates Chairman of Microsoft stated, “640 K should be enough for anyone”. Both statements were quickly followed by periods of immense innovation and change, which the orators had not accurately envisioned.

The treatment of urolithiasis was forever changed by the near simultaneous introduction of shock wave lithotripsy (SWL), ureteroscopy and percutaneous stone removal (PNL) in the early 1980s. This was followed by 20 years of incremental changes in techniques and indications for the various treatments. One might have considered that these dramatic improvements in stone treatment, when compared to open surgery, had evolved to their maximum potential and required only limited modification aligned to the statements of Duell and Gates. In a similar fashion, however, the last decade have seen as much change related to indications, variations in technique and improvements in technology as the immediately preceding 20 years. Just a few of these thematic trends include the relative decline in the role of SWL in treatment of stones, the rapid rise in the indications for ureteroscopic lithotripsy, innovations in PNL techniques including the concept of mini PNL and refinement of indications and techniques in special populations with stones such as pediatric and pregnant patients, those on anticoagulants and the obese population.

The goal of the Third International Consultation on Stone Disease was to bring together global leaders in

urolithiasis each of who were tasked to examine in detail aspects of urolithiasis and the advances in assessment, diagnosis, medical and surgical therapy. Treatment of urolithiasis remains a substantial part of urologic practice globally and stones are an endemic disorder in many parts of the world. Increased access to technology and training in endourological techniques have increased the penetrance of modern, less invasive procedures to developing countries and, although delayed, has brought the same benefits to renal stone patients in such countries with a move from open surgery similar to what occurred in the developed world decades ago. Thus, not surprisingly, a number of the new innovations in techniques in the last several years have emerged from the creativity of endourologists in countries such as India and China.

Recent years have also brought increased attention directed towards standardization in reporting of techniques and outcomes such that various treatments can be compared based on evidence. The Third Consultation thus benefits from this enhanced level of rigor in reporting.

As Co Chairs of the Third International Consultation on Stone Disease we would like to acknowledge the immense support and effort of the Committee Chairs for their dedication in analyzing recent literature, distilling the data and presenting the results at the SIU meeting held in 2014 in Glasgow. Likewise we deeply appreciate the input from over 60 international experts in assisting this important initiative. Similar to the previous Stone Consultations this endeavor has brought a global perspective to stone disease and the resultant publication contained herein represents the current state of the art in diagnosis and treatment of urolithiasis [1–10]. It is our hope that the present volume of the WJU represents a useful reference for urologists managing patients with urinary stone disease.

---

✉ J. J. M. C. H. de la Rosette  
j.j.delarosette@amc.uva.nl

<sup>1</sup> Amsterdam, The Netherlands

<sup>2</sup> London, Ontario, Canada

## References

1. Sorokin I, Mamoulakis C, Miyazawa K, Rodgers A, Talati J, Lotan Y (2017) Epidemiology of stone disease across the world. *World J Urol*. doi:[10.1007/s00345-017-2008-6](https://doi.org/10.1007/s00345-017-2008-6)
2. Canvasser NE, Alken P, Lipkin M, Nakada SY, Sodha HS, Tepeler A, Lotan Y (2017) The economics of stone disease. *World J Urol*. doi:[10.1007/s00345-017-2003-y](https://doi.org/10.1007/s00345-017-2003-y)
3. Jung H, Andonian S, Assimos D, Averch T, Geavlete P, Kohjimoto Y, Neisius A, Philip J, Saita A, Shah H, Osther PJ (2017) Urolithiasis: evaluation, dietary factors, and medical management: an update of the 2014 SIU-ICUD international consultation on stone disease. *World J Urol*. doi:[10.1007/s00345-017-2000-1](https://doi.org/10.1007/s00345-017-2000-1)
4. Krocak T, Scotland KB, Chew B, Pace KT (2017) Shockwave lithotripsy: techniques for improving outcomes. *World J Urol*. doi:[10.1007/s00345-017-2056-y](https://doi.org/10.1007/s00345-017-2056-y)
5. Scotland KB, Krocak T, Pace KT, Chew BH (2017) Stone technology: intracorporeal lithotripters. *World J Urol*. doi:[10.1007/s00345-017-2057-x](https://doi.org/10.1007/s00345-017-2057-x)
6. Cloutier J, Anson K, Giusti G, Grasso M, Kamphuis G, Lahme S, Liatsikos E, Patel A, Pearle MS, Valiquette L, Traxer O (2017) Update of the ICUD-SIU consultation on stone technology behind ureteroscopy. *World J Urol*. doi:[10.1007/s00345-017-2073-x](https://doi.org/10.1007/s00345-017-2073-x)
7. Knoll T, Daels F, Desai J, Hoznek A, Knudsen B, Montanari E, Scoffone C, Skolarikos A, Tozawa K (2017) Percutaneous nephrolithotomy: technique. *World J Urol*. doi:[10.1007/s00345-017-2001-0](https://doi.org/10.1007/s00345-017-2001-0)
8. Wollin DA, Joyce AD, Gupta M, Wong MY, Laguna P, Gravas S, Gutierrez J, Cormio L, Wang K, Preminger GM (2017) Antibiotic use and the prevention and management of infectious complications in stone disease. *World J Urol*. doi:[10.1007/s00345-017-2005-9](https://doi.org/10.1007/s00345-017-2005-9)
9. Duvdevani M, Sfoungaristos S, Bensalah K, Peyronnet B, Krambeck A, Khadji S, Muslumanoglu A, Leavitt D, Divers J, Okeke Z, Smith A, Fox J, Ost M, Gross AJ, Razvi H (2017) Stones in special situations. *World J Urol*. doi:[10.1007/s00345-017-2011-y](https://doi.org/10.1007/s00345-017-2011-y)
10. Desai M, Sun Y, Buchholz N, Fuller A, Matsuda T, Matlaga B, Miller N, Bolton D, Alomar M, Ganpule A (2017) Treatment selection for urolithiasis: percutaneous nephrolithomy, ureteroscopy, shock wave lithotripsy, and active monitoring. *World J Urol*. doi:[10.1007/s00345-017-2030-8](https://doi.org/10.1007/s00345-017-2030-8)