Letter about: Treatment for residual stones using flexible ureteroscopy and holmium laser lithotripsy after the management of complex calculi with single-tract percutaneous nephrolithotomy

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Dear Editor,

I read with interest the article “Treatment for residual stones using flexible ureteroscopy and holmium laser lithotripsy after the management of complex calculi with single-tract percutaneous nephrolithotomy,” and it seems appropriate to make some observations.

The authors report on the use of flexible ureteroscopy to complete the percutaneous treatment of complex renal calculi as staghorn stones. This treatment takes place in two distinct times in different days. In reality, this methodology, which allows only one percutaneous access combining the use of nephroscope and ureteroscope (rigid or flexible according to the single patient and stone characteristic), has already been described extensively [1–3], and probably, the scientific papers have escaped to colleagues. Furthermore, in our technique, called ECIRS (Endoscopic Combined Intrarenal Surgery), there is the further advantage of the one procedure in a single operating session, instead of the two delayed as happens in the cited article. This last aspect is not insignificant when you consider the costs and the rationalization of the use of operating rooms.

Our technique also is performed in supine position instead of the prone, and this saves time because it does not require turning the patient already intubated.

I’m sure if the colleagues will try this approach in one session, they will appreciate the advantages it offers compared to procedures in two stages. Also, they could appreciate the other benefits for anesthesia, for the absence of

neurological risk and, last but not least, being able to work more comfortably seated instead of standing [1–3]. Many Asian colleagues have, however, already positively evaluated this approach [4, 5].

Respectfully

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