



Letter to the Editor

Reply to Jie Gu, Dongjie Li, and Xiaobo Zhang's Letter to the Editor re: Guido Giusti, Silvia Proietti, Moisés E. Rodríguez-Socarrás, et al. Simultaneous Bilateral Endoscopic Surgery (SBES) for Patients with Bilateral Upper Tract Urolithiasis: Technique and Outcomes. *Eur Urol* 2018;74:810–5

We thank Gu et al. for their interest in our paper [1]. We agree that the sample size is small and the study is not randomized and have acknowledged this in the Discussion, and suggested that larger prospective studies are necessary to confirm the safety and efficacy of simultaneous bilateral endoscopic surgery (SBES).

We are pleased that our colleagues are interested in studying SBES [2]. However, we suggest that the initial experience should exclude staghorn stones, as these are often the most complex cases and can be associated with a higher risk of complications and a lower stone-free rate [3]. SBES is ideal for patients who have a high probability of becoming stone-free in a single procedure. Patients who are likely to undergo an additional procedure (eg, ureteroscopy after the initial percutaneous nephrolithotomy [PCNL]) are not ideal candidates for SBES in our opinion; for these patients, the risk of bilateral surgery may not be worthwhile since a second procedure is planned or likely.

Regarding the stone attenuation values reported in our study, the mean Hounsfield unit (HU) values might depend on variations in kidney stone composition in different countries. The literature is highly variable in terms of HU reported in PCNL series, and there are certainly prior studies that had a mean stone Hounsfield density similar to that in our report [4]. We routinely perform stone analysis in our procedure to further evaluate patients for stone prevention, but we omitted these results from our paper as our intent was to publish a novel technique and our endpoints were safety and efficacy. Of the patients included in our study, 68% were affected by calcium oxalate stones (pure or mixed), which probably influenced the mean HU value we reported.

Although ^{99m}Tc -diethylenetriaminepentaacetate renography is one standard technique for measuring renal

function, we felt that performing nuclear renography for reporting our outcomes when it was otherwise not indicated would be subjecting our patients to unnecessary ionizing radiation studies and costs. Furthermore, the glomerular filtration rate (GFR) is widely accepted as an appropriate estimate of kidney function. For this reason, we reported GFR as recommended by the Kidney Disease Improving Global Outcomes guidelines [5].

In summary, further prospective randomized studies are needed to establish the safety and efficacy of SBES and to determine the ideal candidates for this procedure. We encourage our colleagues to consider performing SBES at their department to accelerate the acquisition of scientific data to gain further knowledge and understanding of this novel technique. We believe that in the future SBES could be a reasonable option for appropriately selected patients with bilateral renal stones and we will continue our work to demonstrate that SBES provides advantages for patients and for health care systems.

“Veritas filia temporis” ... Truth is the daughter of time.

Conflicts of interest: Guido Giusti is a consultant for Coloplast, Rocamed, Olympus, Lumenis, Boston Scientific, BD-Bard, and Cook Medical. Brian H. Eisner is a consultant for Boston Scientific, Olympus, Kalera Medical, and Sonomotion. Silvia Proietti and Moisés E. Rodríguez-Socarrás have nothing to disclose.

References

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