



Letter to the Editor

Re: Guido Giusti, Silvia Proietti, Moises 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 read with interest the study by Giusti et al. [1] regarding the outcomes for 27 patients with bilateral renal stones undergoing simultaneous bilateral endoscopic surgery (SBES). The authors conclude that SBES is a safe and effective procedure associated with minimal morbidity. We believe that the authors should be commended for their preliminary data focused on a very specific topic that is gaining increasing attention in the literature [2]. However, the significance of their findings should be considered in the context of the study limitations.

The decision to perform flexible ureteroscopy (fURS) or percutaneous nephrolithotomy (PCNL) was based on the surgeon's expertise and preference, with a lack of precise inclusion criteria based on stone size or location. Increasing evidence has shown that indications for the two techniques overlap: fURS may be a valuable option for large calculi (>2 cm), whereas miniaturised PCNL is safe and effective even for small to medium size stones [3].

Stone diameter was used to estimate the stone burden even though stone volume could have been more accurate [4]. Reporting stone volume may allow better comparison of stone treatment studies, more accurate definition of a patient's disease, and ultimately could also help surgeons in decision-making.

The patients in this study seem to have been highly selected with a high chance of achieving stone-free status and of experiencing a low rate of complications. In particular, patients were relatively young, with a low body mass index, and affected by small to medium stones (mean 2.7 cm for PCNL and 1.1 cm for fURS) with low Hounsfield units (<1000 for PCNL). No data on patient comorbidities were reported.

The hypothesis that SBES is cost-effective is a reasonable one but is hard to prove without an accurate cost analysis.

Same-session PCNL and fURS were associated with lower costs than staged procedures, and costs were closely related to operation time and total postoperative hospital stay [5]. However, costs should take into account the presence of a second expert surgeon versus the same surgeon performing both procedures, as well as the availability of dedicated double equipment for this complex procedure.

According to the authors, SBES is associated with lower radiation exposure. However, the fluoroscopy time and effective dose have never been compared between SBES and staged surgeries. During SBES, two surgeons are treating two different urinary areas at the same time, but the key steps of the procedure when fluoroscopy guidance is necessary are exactly the same as in a staged procedure. Therefore, it is hard to believe that radiation exposure is lower during same-session SBES with respect to staged procedures.

Lastly, we wonder if the advantages of SBES apply in extreme cases. Would it be possible to expand the indications to less fit patients who cannot tolerate two surgeries or a longer operative time for bilateral stones? These candidates could benefit from the short operation time, reduced anaesthesia, and acceptable primary stone-free rate of SBES, but future larger studies are needed to explore the safety and efficacy of SBES.

Conflicts of interest: The authors have nothing to disclose.

References

- [1] Giusti G, Proietti S, Rodríguez-Socarrás ME, et al. Simultaneous bilateral endoscopic surgery (SBES) for patients with bilateral upper tract urolithiasis: technique and outcomes. *Eur Urol* 2018;74:810–5.
- [2] Proietti S, de la Rosette J, Eisner B, et al. Bilateral endoscopic surgery for renal stones: a systematic review of the literature. *Minerva Urol Nefrol* 2017;69:432–45.
- [3] Türk C, Neisius A, Petrik A, et al. EAU guidelines on urolithiasis. European Association of Urology; 2018 <http://uroweb.org/wp-content/uploads/EAU-Guidelines-on-Urolithiasis-2018-large-text.pdf>
- [4] De Coninck V, Traxer O. The time has come to report stone burden in terms of volume instead of largest diameter. *J Endourol* 2018;32:265–6.



- [5] Shen PF, Liu N, Wei WR, et al. Simultaneous ureteroscopic lithotripsy and contralateral percutaneous nephrolithotomy for ureteral calculi combined with renal staghorn calculi. *Int J Urol* 2015;22:943–8.

Luca Boeri*

Emanuele Montanari

*Department of Urology, Foundation IRCCS Ca' Granda, Ospedale Maggiore
Policlinico, University of Milan, Milan, Italy*

*Corresponding author. Department of Urology, IRCCS Fondazione Ca' Granda, Ospedale Maggiore Policlinico, University of Milan, Via della Commenda 15, Milan 20122, Italy. Tel. +39 02 55034501;

Fax: +39 02 50320584.

E-mail address: dr.lucaboeri@gmail.com (L. Boeri).

February 7, 2019