



## MINIMALLY INVASIVE INTERVENTIONS FOR URETERAL STONES IN EXTRAGENITAL PATHOLOGIES

D.I.Sadikova

Associate Professor, Department of Urology,  
Andijan State Medical Institute

M.U.Isroilov

Master of the Department of Urology, Andijan State Medical Institute

<https://doi.org/10.5281/zenodo.14880710>

The increase in interest in the treatment of urolithiasis is primarily associated with the widespread introduction into clinical practice of devices for remote lithotripsy, nephro- and ureteroscopes, laparoscopic equipment, which often puts the urologist before choosing the optimal method of treating patients with this pathology [1, 3, 4, 5, 10, 12, 13, 15, 16].

In recent years, approaches to the treatment of urolithiasis have additionally changed due to a deeper study of the causes and mechanisms of kidney stone formation, which subsequently led to the emergence of agents that affect the dissolution of stones, a closer attitude to the metaphylaxis of this disease, issues of active monitoring of a patient with an already identified disease, and improved dispensary observation [2, 6, 7, 8, 9, 11].

Improving the quality of emergency care for patients with ureteric stones remains one of the most pressing tasks for modern urology. The results of care directly depend on its timeliness, and treatment measures should be aimed at preventing inflammatory changes in the kidneys, which subsequently entail serious complications [1, 2, 3, 7, 14]

**The purpose of the study** is to choose treatment tactics for ureteral stones in pregnant women.

**Material and research methods:** The work is based on the results - observation of 24 beremens with a ureter stone located in the urology department of the clinic of the Andijan State Medical Institute. At the same time, clinical observations were used, including the analysis of examination data registered in outpatient and inpatient charts pregnant women, the study of obstetric and gynecological history, dynamic fill up and examination of women during pregnancy. Pregnant women were divided into two groups:

The first group - 10 pregnant women with obstructive damage to the upper urinary tract (VMP), who received only canned food complex treatment;

The second group - 14 pregnant women with obstructive damage to the VMP, who underwent external drainage the upper urinary tract through percutaneous puncture nephrostomy.

**Study results:** In patients with obstructive uropathology (group 1), pyelonephritis of the right kidney was established in 7 (70.3%) patients, the left kidney in 3 (24.3%) women. In general, against the background of obstructive disorders of the upper urinary tract, the right-sided inflammatory process was observed in 7 (70.3%) women, left-sided in 3 (24.3%) patients.

Urinary tract drainage was performed in 14 pregnant women with urinary tract obstruction, stage IIIA and SB urodynamics disorders. The determination of hourly diuresis, the use of pharmacoechographic samples made it possible to reduce the time for making decision on drainage, which in most works are indicated as 2-3 days. In 24 patients with urinary tract obstruction, including 17 patients with abnormalities of the urinary system, 3

patients with a history of pyelonephritis, 4 women in conditions of pus process in the kidneys within several segments, percutaneous nephrostoma was immediately applied according to ultrasound.

As soon as the urinary tract was drained, the infusion therapy was intensified, creating forced diuresis. In 7 patients, this tactic made it possible to alleviate the condition of women in the coming hours. The effectiveness of the therapy was manifested in the form of an improvement in general well-being, a decrease in body temperature, a decrease in heart rate, cessation of chills, headaches and the disappearance of other symptoms of intoxication. After recovery of urine output, the amount of fluid during the acute process was not limited (up to 2.5-3 liters or more per day in the absence of late gestosis). In oligouria, in order to prevent pulmonary edema, careful control of urine output was carried out: urine deficiency did not exceed the amount of injected and drunk fluid by 800-1000 ml per day. With percutaneous nephrostomy, infusion therapy was carried out in the amount of 2-3 liters per day for the next 2-3 days after stoma.

During the treatment, the dynamics of the general condition of the bere - mennaya, blood parameters, body temperature, diuresis were constantly evaluated. In case of repeated increase in body temperature, percutaneous pyelonephrostoma was washed (could be blocked by mucus), its patency was checked. A prerequisite for successful therapy was the creation of a full flow of urine through the ureter or nephrostoma, which was carefully monitored. Clinical efficiency of various tactics of treatment beremenkny with sharp pyelonephritis against the background of and in the absence of obstructive violations.

From the characteristics of the early follow-up of pregnant women at the hospital stage of management, signs characterizing the process of relief of symptoms of pyelonephritis, normalization of urodynamics and the acid-base state of the blood were selected for the analysis of clinical effectiveness.

The duration of hyperthermia did not differ significantly in the two groups. Leukocytosis stopped faster in the 2nd group with drainage of the upper urinary tract (3-4 days), compared with the 1st group ( $6.9 \pm 0.54$  days on average). Also, in the 2nd group, compared with the 1st group of conservative management, - was observed to reduce the duration of the period of increased ESR ( $p < 0.05$ ). The reason for this difference in indicators lies in the faster normalization of urodynamics in the 2nd group. However, leukocyturia and erythrocyturia in pregnant women during drainage of the urinary tract were longer than conservative management of patients, which is explained by the surgical intervention itself. With internal drainage, the bodies of leukocyturia ( $12.41 \pm 0.23$  days) and erythrocyturia ( $7.85 \pm 0.43$  days) were much higher compared to external drainage ( $5.32 \pm 0.37$  days and  $4.64 \pm 0.39$  days, respectively). This is because the foreign body in the urinary tract (ureteral catheter) helps to maintain changes in urine tests.

**Conclusion:** Timely drainage of the urinary tract in pyelonephritis in pregnant women with ureteral stones leads to a faster relief - inflammatory reactions, a decrease in complications during gestation and childbirth, which is associated with a decrease in pathomorphological reactions in the placenta and its vessels.

### Literature:



1. August P., Lindheimer M.D. The patient with kidney disease and hypertension in pregnancy. Manual of Nephrology, 6-th ed. Ed. R.W.Schrier. Philadelphia. -2020. -P.214-242.
2. Bass P.F., Jarvis J.A. IV., Mitchell C.K. Urinary tract infection. // Primary Care. Clinics in Office Practice.- 2022.- Vol.30, Nl.-P. 211-215.
3. Bint A. J., Hill D. Urinary tract infections // J. Antimicrob. Chemother. - 2014. -Vol. 33. Suppl A: 93—97.
4. Bukhari S.S., Livsey S. Urinary Tract Infection: Presentation and Diagnosis. // Med. Progress. - 2020. - N 1. - P. 10-14.
5. Sadikova D.I. The method of treatment of ureterolithiasis by the method of contact litotripsy// J. New day in medicine. –Tashkent, 2021, N2(34), p.45-50
6. Hujamberdiev U.E., Sadikova D.I. Questioned survey of treatment of patients with urate lithiasis// J. New day in medicine. –Tashkent, 2021, N2(34), p.50-55
7. Алексеенко В.А. Опыт сочетанного консервативного лечения больных уролитиазом.// Материалы 4 Всесоюз. съезда урологов.-М., 1990.-С.130-131.
8. Аляев Ю.Г., Рапопорт И.М., Руденко В.И. Цитратная терапия с целью подготовки к дистанционной литотрипсии//Урология.-2002.-№ 4.-С.20-23.
9. Аль-Мусави Ш.И. Неотложная уретеропиелоскопия в диагностике и лечении заболеваний почек и верхних мочевых путей: Автореф. дис. канд. Мед.наук.-М., 2003.-С. 165-167.
10. Архипов Г.И. Опыт оперативного лечения нефролитиаза.// Матер. 4-го. Всес. съезда урологов.-М.-2013. Д990.-С. 130-131.
11. Братчиков О.И., Охотников А.И. Тактика при гестационном пиелонефрите. Пленум правления Всероссийского общества урологов. -М., 2016. -С. 234-235.
12. Вахлов С.Г. Оптимизация методов лечения и реабилитации больных нефролитиазом при одиночных камнях верхних мочевых путей: Автореф. дис. . канд. мед.наук.-М.,- 1995.-С.11-17.
13. Вайнберг З.С. Неотложная урология. -М.: Московский рабочий,1997.
14. Косимхожиев М.И., Садикова Д.И. Ретроспективный анализ литературных данных об инфекции мочевого тракта// Ж. Инфекция, иммунитет и фармакология. Ташкент, №2, 2023, 101-104.
15. Рустамов У.М., Садикова Д.И. Выбор оперативных вмешательств при лечении больных коралловидным нефролитиазом и их осложнения// Ж. Вестник НУУз. – Ташкент, 2023. №3(2-1), с.116-120
16. Садикова Д.И., Косимхожиев М.И. Инфекции, усугубляющие течение пиелонефрита//Ж. Инфекция, иммунитет и фармакология. Ташкент, №2, 2023, 194-199.