Urologia Internationalis

Letter to the Editor

Urol Int 2024;108:582–583
DOI: 10.1159/000540757

Received: July 11, 2024
Accepted: July 30, 2024
Published online: August 7, 2024

Letter to the Editor Regarding the Article "Clinical Comparison between Three Single-Use Flexible Ureteroscope Models: A Real-World Experience"

Mehmet Yilmaz

Department of Urology, University of Health Science Bagcilar Training and Research Hospital, Istanbul, Turkey

Keywords
Single-use flexible device · Retrograde intrarenal surgery · Urolithiasis

Dear Editor,

I read with great interest the clinical study entitled "Clinical Comparison between Three Single-Use Flexible Ureteroscope Models: A Real-World Experience" published in *Urologia Internationalis* [1].

I congratulate the authors for their original article, in which they compared 3 different single-use ureteroscopes, which are similar to each other in terms of imaging systems, lengths, weights, working channel diameters, and deflection capacities, but from different brands and prices, in upper urinary tract stone disease. Compared to the other two devices, EU scope, which has higher resolution, stands out with shorter values in terms of surgical and fluoroscopy times. The authors stated that this result may be due to the use of fewer access sheets in the smaller diameter EU-scope group, but in the subgroup analysis of the same study, they could not detect any difference in terms of surgical and fluoroscopy times, despite the similar use of access sheets in 20–30 mm stones. For this reason, they stated that EU scope stands out with its higher resolution feature.

Although the brand names EU scope, Uscope 3022, and LithoVue are given for the 3 different single-use devices compared, the detailed physical features are not emphasized and there may be a difference in experience between different surgeons even if they constantly perform cases with the same device. In addition, the higher rate of previous DJ stenting and the higher rate of female patients in the EA-scope group may be more explanatory factors for the low access sheet and short operation and fluoroscopy times.

The Clinical Research Office of the Endourological Society (CROES) found that for renal stones, using a preoperative JJ stent increased SFRs, and there was a trend for decreased intraoperative complications. However, the group found that longer surgery times were controversial due to the inclusion of DJ stent extraction time in the operating time. In addition, the group highlighted the male gender as the risk group for the previous DJ replacement requirement, which shows that the success rate of access in the first operation for RIRS is higher in females [2].

In the study of Özsoy et al. [3], although it was not statistically significant, a slightly higher mean operation time was found in male patients. Fuganti et al. [4] emphasized that male gender is a risk factor for intraoperative complications and highlighted the effect of anatomical structure differences on the access process and complications.

The article reveals its value with its real-world analysis and strong preoperative, perioperative, and postoperative

karger@karger.com
www.karger.com/uin

Correspondence to:
Mehmet Yilmaz, drmehmetyilmaz@yandex.com

Karger

parameters. By reading these parameters in depth with the literature, I wanted to list some contributions that will guide the authors in their future works.

Conflict of Interest Statement

There is no conflict of interest stated by the author.

Funding Sources

The author has not received any funding.

Author Contributions

Mehmet Yilmaz has completed the concept, design, and final writing of the manuscript.

References

1 Salvadó JA, Elorrieta V, Cabello JM, Cabello R, Velasco A. Clinical comparison between three single-use flexible ureteroscope models: a real-world experience. Urol Int. 2022;106:1220–5. https://doi.org./10.1159/000527179

2 Assimos D, Crisci A, Culkin D, Xue W, Roelofs A, Duvdevani M, et al. Preoperative JJ stent placement in ureteric and renal stone treatment: results from the Clinical Research Office of Endourological Society (CROES) ureteroscopy (URS) Global Study. BJU Int. 2016;117(4):648–54. https://doi.org/10.1111/bju.13250

3 Özsoy M, Acar Ö, Sarica K, Saratlija-Novakovic Z, Fajkovic H, Librenjak D, et al. Impact of gender on success and complication rates after ureteroscopy. World J Urol. 2015;33(9):1297–302. https://doi.org/10.1007/s00345-014-1435-x

4 Fuganti PE, Pires S, Branco R, Porto J. Predictive factors for intraoperative complications in semirigid ureteroscopy: analysis of 1235 ballistic ureterolithotripsies. Urology. 2008;72(4):770–4. https://doi.org/10.1016/j.urology.2008.05.042