

ENDOSCOPIC REMOVAL OF UROLUME STENT PROSTHESIS

Introduction

Urolume Stent is a stent type, non magnetic, self expanding urethral endoprosthesis indicated to keep the urethral lumen in cases of infravesical obstruction. It is a very good option to be taken into consideration in elderly patients with benign prostatic hyperplasia, with chronic urinary retention, and high surgical risk. The braided mesh is designed to expand radially, applying constant gentle pressure to hold open the sections of the urethra that blocks urine flow. The open, diamond-shape cell design of the stent allows to eventually become embedded in the urethra, thus minimizing the risk for encrustation and migration. The epithelialization process appears to provide adequate tissue coverage along the length of the prosthesis. Complications of Urolume stents are migration, encrustation, epithelialization, pain and irritative voiding symptoms that require removal of the stent.

Design

We report a case of an 85-year-old male with high surgical risk presented to urologist with severe dysuria and abnormal free uroflowmetry. Considering his medical co-morbidity, a prostatic Urolume Stent was placed approximately 11 years before, due to recurrent episodes of urinary retention as a result of prostatic hyperplasia. Urethrocystoscopy study showed a severe bladder neck contracture due to epithelialization of the prosthesis.

Results

We underwent trans-urethral resection of the bladder neck stricture and all epithelial coverage. When the Urolume Stent prosthesis was uncovered, it was pushed into the bladder. The prosthesis was completely removed using alligator forceps avoiding an urethral or external sphincter trauma. The post-operative period was uneventful and the patient voided satisfactorily after removal of the catheter on the third day after the surgery.

Conclusion

There is no specific and standard technique mentioned in the literature for removal of an Urolume stent as very few studies had addressed this problem. Removal of Urolume stent can be difficult and time-consuming after epithelialization. It is important to resect all epithelial coverage using a resectoscope. When the stent is uncovered, it should be pushed into the bladder and then removed, rather than trying to grasp it in situ.

Disclosures

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