THE USEFULLNESS OF URETERAL STENTING FOR ACUTE URETERAL OBSTRUCTION IN PREGNANCY

Hypothesis / aims of study
Acute ureteral obstruction in pregnancy may result in severe pain, hematuria and serious complications like upper urinary tract infection with consecutive sepsis. The ureteral stenting has been usual in recent years. We evaluated the usefulness of ureteral stenting for ureteral obstruction with symptoms in pregnancy.

Study design, materials and methods
From 2010 to 2013, 53 pregnant women participated in this study. Abdominal ultrasonography, serum creatinine levels, white blood cell(WBC) counts, urinalysis and urine culture were done in all patients. Of these 53 pregnant women, 18 women were treated by ureteral stenting because of not improving with conservative management (positioning, analgesia, antibiotics etc). They were completely followed up to removal of ureteral stent.

Results
Of these 53 pregnant women, 18 women who were treated by ureteral stenting, experienced significant relief of pain at least for 2 days. In abdominal ultrasound, 16 patients (88%) had resolution of hydronephrosis. 12 of 18 patients (66%) continued to have problems post-therapeutically irritative voiding symptoms with dysuria, urgency, frequency, and hematuria, but 11 patients experienced relief of symptoms for 10 days. A patient was taken remove of stent due to continuous complaint irritative voiding symptoms. After delivery, 17 patients were taken IVP. Of 17 patients 13 were normal finding with IVP. 4 patients were diagnosed ureter stone (upper 2, mid 1, lower 1). 3 patients were treated by extracorporeal shock-wave lithotripsy for the stone in upper and lower urinary tract. A patient was treated ureteroscopic lithotripsy.

Concluding message
Since the ureteral stents were usually placed without any major problems and well tolerated with only minor and short post-therapeutic discomfort. We concluded that the ureteral stenting was a simple, safe and effective method of internal upper tract drainage in case of symptomatic ureteral obstruction during pregnancy.

Disclosures
Funding: no Clinical Trial: Yes Public Registry: No RCT: No Subjects: HUMAN Ethics Committee: Inje University IRB Helsinki: Yes Informed Consent: Yes