

Re: Senel S, Uzun E, Ceviz K, et al. Predictive factors for difficult ureter in patients undergoing retrograde intrarenal surgery. Cent European J Urol. 2024; 77: 280-285Guglielmo Mantica^{1,2}, Rosario Leonardi³, Alessandro Calarco⁴¹Department of Surgical and Diagnostic Integrated Sciences (DISC), University of Genoa, Italy²IRCCS Ospedale Policlinico San Martino, Genoa, Italy³Casa di Cura Musumeci GECAS, Gravina di Catania, Italy⁴San Carlo di Nancy Hospital, Rome, Italy**Article history**

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Dear Editor,

we read with extreme interest the article titled “Predictive factors for difficult ureter in primary kidney stone patients before retrograde intrarenal surgery” [1], and we congratulate the authors for their study and the evidence obtained therein. We also believe that it is important to investigate which patients scheduled for retrograde intrarenal surgery (RIRS) are at increased risk of having a “difficult ureter”. This information allows us to better choose the possible approach [2] and the most suitable instrumentation, in addition to better counselling and preparedness for the patient towards the possible risk of needing a second surgical procedure. The authors found young age, female gender, and prior urinary tract infections to be risk factors for “difficult ureter”. Furthermore, from our clinical practice [3, 4] we found further factors that might be evaluated: BPH with bladder wall thickening without alpha blocker use, previous abdominal surgery/radiotherapy, and the presence of a prostate median lobe growing inside the bladder lumen. In the first condition, while the middle and upper ureter is usually of a good calibre, the intravesical tract of the ureter might be compressed and poor-

ly elastic. This can lead to difficult introduction of the ureteroscope and of the ureteral access sheath (UAS). Similarly, in the second condition some ureteral tracts might be narrowing or of a poor elasticity. In the case of prostates with enlarged third lobe inside the bladder wall, the UAS might become challenging.

Furthermore, we believe it is essential to identify those patients who are most at risk of requiring difficult ureteroscopies for a further reason, to better choose the most suitable patients for resident training. As is known, surgical training involves the mandatory need to use simulators [5]. However, at a certain point, under supervision, the trainee is called on to carry out their first case, and obviously it is important for the success of the operation and for the safety of the patients to be able to choose the most suitable ones and with a less “difficult ureter”. We commend the authors for their interesting study on this thought-provoking topic, and we hope that in future these findings will be evaluated by larger studies.

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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