

# **The short-term outcome of laser endoureterotomy for ureteric stricture.**

[Han PK](#), [Rohan M](#), [Mohd Adam B](#).

## **Source**

Clinical Research Centre, Biostatistics Unit, 1st floor MMA House Jalan Pahang, 53000, Kuala Lumpur, Malaysia. [adam@crc.gov.my](mailto:adam@crc.gov.my).

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## **Abstract**

With the advent of new technology, the treatment for ureteric stricture has moved from open surgery to endoscopic procedures. Our goals were to review and determine the prognostic factors for success of laser endoureterotomy for ureteric stricture. This is a cross sectional study for all cases that underwent laser endoureterotomy in a single centre from 2002 to 2009. Standard treatment in this centre utilizes holmium laser. The fiber used was 365nm, setting as 1J and frequency 8 Hz; power output 8 W. Confirmation of adequacy of incision was by either visualization of extra-ureteric fat or extravasations of contrast on fluoroscopic imaging. Success or recurrence of the endoureterotomy was confirmed objectively with evidence of improvement from imaging. Of these 77 patients, 42 cases (61.8%) of the strictures were from upper ureter. Eight cases (11.7%) of mid-ureteric while lower ureter had 18 cases (26.5%). Length of stricture has been grouped into two groups; Short (<1cm) and long ( $\geq$ 1cm) and their distributions were 47.1% and 26.5% respectively. Follow-up duration ranged from six months to 88 months with an average of 19.6 months. Success rate was 76.5% (52 patients) while 16 patients (23.5%) developed recurrence. Stone disease, positive presenting symptoms and short length of the stricture were identified as variables with good predictor. This study achieved a 76.5% of success rate for this treatment modality for benign ureteric stricture in wellselected patients. Success is more likely if patient is symptomatic (earlier treatment) and previous stone disease present as a risk factor.

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