Reply by the Authors

We would like to extend our gratitude to the authors for their constructive comments on our study with regard to highlighting the factors affecting the outcomes of percutaneous nephrolithotomy (PNL) in horseshoe kidneys.

So far, investigators have proposed scoring systems that use the findings of computed tomography to predict the outcome of PNL for kidney stones. Stone size, number of calices involved, tract length, stone density, grade of hydronephrosis, and body mass index have been specified as important factors affecting the success of these procedures. The Guy’s stone score and STONE nephrolithometry have been validated as predictors for success. Although the presence of renal abnormality is used as a parameter in the Guy’s stone score, there is paucity of information about renal abnormalities for the STONE scoring system.

In our study, we aimed to assess patient- and procedure-related factors related to outcomes of PNL in horseshoe kidneys. We observed that PNL procedures were more complicated due to the factors malrotation and ectopic location. We may consider that the upper pole is the recommended access site even for stones located in the lower calyx; however, in our series, the lower calyx was the access site in 10 cases with lower calyx stones that could not be reached through middle or upper calyx access. Intercostal accesses were applied through the space between the 12th and 11th costae in 23 cases (42.6%); thoracic complications were not observed in any of these cases. In the remaining patients, renal access was achieved via the subcostal area.

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References