

## SVII5: DOUBLE J STENT DISLODGED IN THE DISTAL URETER IN INFANTS. HOW TO RETRIEVE IT?

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**Background** Double J stents are frequently left in place as temporary internal drainage after several urological minimally-invasive procedures, varying from laparoscopic pyeloplasty, to endoscopic treatment of stones or obstructive megaureter. Dislodgement of the distal end of the JJ stent from the bladder into the distal ureter is an infrequent but bothersome complication, especially in infants where the small ureteric diameter makes retrieval more difficult. Urgent uretero-neocystostomy was for long the only solution available for such instance. Recently nephroscopy has also been suggested. From 2010 a cystoscopic approach was adopted in our Division.

**Materials and methods** The technique adopted was as follows: in all cases of dislodged double J stent, cystoscopy was performed with 8–9.8 wolf cystoscope. The VUJ was negotiated with a 0.018' guidewire, taking care in not pushing further upward the dislodged stent. The VUJ was then dilated at 8–10 atm with a 3 or 4 Fr Passeo-18 Ballon catheter (Biotronik, Lake Oswego, OR, US). After VUJ dilatation, the cystoscope was gently introduced in the distal ureter and the JJ stent retrieved under vision with a grasper.

**Results** Dislodgement of the JJ stent occurred in 7 patients (5M, 2F) aged 4–27 months (mean 14 months), after laparoscopic pyeloplasty (4), RIRS for stone (1) or treatment for megaureter (2). 3 patients were symptomatic (abdominal pain, vomiting). Double J retrieval took place from 3 days to 4 weeks after the initial surgery. The procedure was always quick and uneventful. Healing from the surgical procedure was not impeded by the complication occurred. No case of postoperative symptomatic VUR was detected after the VUJ dilatation

**Conclusions** In cases of symptomatic or unexpected dislodgement of the JJ stent at the moment of retrieval, this technique allows even in infants easy and quick retrieval of the stent without changes in the approach (no need of open surgery or nephroscopy) and without further complications.

**Key words** double J stent, dislodgement, retrieval