SUMMARY AND CONCLUSION

Ureteric stricture with or without stone(s) is one of the most common urological problems in Egypt.

If neglected, these strictures or stones result in sever damage to the kidneys through obstruction and infection.

The real aim of surgery in ureteric strictures is to prevent destruction of the kidneys and affection of their function, or help them to regain function from the damage of the back pressure and superadded bacterial infection. To reach this goal, one have to reestablish the patency of the strictured ureter and to eliminate recurrent infection.

A variety of surgical procedures have been described for the management of the ureteric stricture. Although excellent results have been reported, yet non has universally eliminated reflux or the development of ureterovesical junction obstruction.

Surgical intervetion in patients with ureteral stones is multifaceted. Acutely, the relief of symptoms and reestablishment of renal drainage are of

utmost importance, and the technical skills required to approach and replace diseased ureters are considerable.

Many complications are encountered such as infection, postoperative stricture, ureteral necrosis and ureterocutaneous fistulae.

The recent advances in endourology and the development of different types of ureteral dilators have made dilatation of the ureter a safe and effective procedure in the managment of different types of ureteric strictures and in downward extraction of ureteric stones with neglected hazards.

With revolution of endourology, many types of ureteral dilators are designed and numerous modifications are continously introduced by many urologists to gain more and good function and to eliminate the hazards.

Ureteral dilators can be classified into three groups, the solid non guided dilators, the guided dilators that can pass over the guide wire and lastly the balloon dilators.

The procedure of ureteral dilatation can be done in antegrade fashion through nephrostomy tract or retrograde fashion through cystoscopic manipulation or by a combination of two procedures with each other. The combined method allows the endourologist several approaches to the strictured area.

Antegrade ureteral dilatation is usually done under local anesthesia with general sedation but retrograde ureteral dilatation is usually done under spinal or general anesthesia.

Ureteral dilatation is indicated in different ureteric strictures. Certain benign ureteral strictures are more amenable to dilatation than others. Good results with strictures following ureterolithotomy, ureteroileostomy and ureteroneocystostomy. Good results also are faced with strictures due to Bilharziasis, tuberculosis and radiation.

Poor results were noted for strictures following gynecologic surgery for benign disease. Failure of ureteral dilatation to be performed in strictures due to malignant disorders and retroperitoneal fibrosis.

Ureteroscopy is indicated in the diagnosis of many ureteral lesions and also in dealing with many ureteral disorders. Adequate dilatation of the intramural portion of the ureter made ureteroscopy more successful in negotiating the intramural and pelvic ureter.

Adequate dilatation of the ureter at the level of the stone and the segment below it will facilitate downward passage of stone. Ample room created by dilatation below the stone will facilitate passage of stones.

Combination of balloon dilator with stone basket gives good results in the removal of stone associated with stricture due to dilatation and stone basketing at the same time.

Repeated intra-venous pyelograms must be observed to the patient who had undergone ureteral dilatation to assist improvement. Symmetrical renal function and improvement of hydroureter and hydronephrosis, rather than relief of symptoms are a good signs for success.

Ureteral dilatation has reglected drawbacks such as ascending infection, perforation of the ureter, haematuria and renal pain. These side effects can be easily prevented by simple prophylactic measures such as:

- Strict aseptic technique and antibiotes are given pre and postoperatively.

- Gentle manipulations by skillful urologist.

- Insertion of ureteric catheter to drain ureter postoperatively and relief of pain.

Nowdays, ureteral dilatation is considered by urologists as a good alternative procedure to a surgery due to lower morbidity, short hospital stay, good convalesence and lastly due to good results.