

## **Long-Term Outcomes of Two Ipsilateral vs Single Double-J Stent After Laser Endoureterotomy for Bilharzial Ureteral Strictures**

Khaled Mohyelden, MD,<sup>1</sup> Hussein Aly Hussein, MD,<sup>2</sup> Hisham A. El Helaly, MD,<sup>1</sup> Hamdy Ibrahim, MD,<sup>1</sup> and Hassan Abdelwahab, MD<sup>3</sup>

### **Abstract**

**Background:** Laser endoureterotomy became a preferable choice for managing benign Ureteral strictures. Ureteral stricture caused by bilharzias is characterized by focal destruction of ureteral musculature, ending by fibrosis, making it poor responder to endo-ureterotomy. There is no consensus about the ideal ureteral stent size after endoureterotomy. However, many researches recommend larger stents caliber (12–14F). We assess long-term efficacy of insertion of two ipsilateral Double-J stents vs single Double-J stent after laser endoureterotomy for bilharzial ureteral stricture.

**Materials and Methods:** Within 4 years, 70 patients underwent retrograde laser endoureterotomy for bilharzial ureteral stricture (diagnosed by positive history of bilharziasis, positive serology test, and/or bilharzial cystoscopic finding). Patients with history of stone, urologic or pelvicsurgery were excluded. Patients were randomized into two groups: the first group (35 patients) received ipsilateral two Double-J (7F each) postendoureterotomy, whereas the second group (35 patients) received one Double-J (7F). Double-Js were removed after 8 weeks. Follow-up was done regularly by clinical interpretation and imaging studies. Patients' characteristics, operative data, and post-operative outcomes (subjectively and objectively) were compared in both groups.

**Results:** Sixty-three patients completed follow-up >18 months, mean follow-up 30–4 months [19–41], and mean stricture length 1.4–0.6 cm [0.5–3.0], with no statistical significance between both groups. Success proved by relief of symptoms and radiographic resolution of obstruction. The overall success rate was significantly better in 2-Double-J group than in 1-Double-J group (83.9% vs 53.1%)  $p = 0.009$ , and also for stricture >1.5 cm (85.7% vs 38.5%)  $p = 0.018$ , respectively.

**Conclusions:** Insertion of two ipsilateral Double-J, after laser endoureterotomy for bilharzial ureteral stricture associated with long-term success rate better than insertion of 1-Double-J, especially for stricture segment >1.5 cm.

**Keywords:** ureteral stricture, endoureterotomy, ureteral stent, holmium laser, two ipsilateral ureteral stents .