Case report on:- A case report on management and outcomes of vesicle calculi with right ureteric calculi

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Abstract

Stone diseases that affect the urinary system include urinary tract stones. One common disorder of the urinary system is stones in the urinary tract. According to where they occur, the four different types of stones are categorized as well as urethra, bladder, kidney, and ureteral stones. The patient healed fast and was released after receiving a series of systematic and successful treatments, including completing the one-stage operation. Whole urinary calculi can be eliminated after a single therapy, and urolithiasis persisting over the entire term is uncommon. After seven days of treatment, the clinical improvement response was outstanding and considerable. After receiving Unani therapy for a month without surgical intervention, a U.S.G. finding was suggestive of the absence of any calculi in the left kidney and ureter. The formulations prevented urinary supersaturation of lithogenic chemicals and proved safe and efficient. Clinical findings: For the past four years, problems included abdomen ache, frequency, hesitation, and a burning sensation while passing pee. There was a history of blood in the urine on several occasions. He then proceeded to Rural hospital Wardha. Diagnostic evaluation: After being admitted, the patient had an abdominal computed tomography (C.T.) scan.

The findings revealed right ureteric calculi and vesicle calculi. The results of a routine urinalysis indicate that the blood's WBC count is 4,578/L and that the creatinine (Cr) level is 140 mmol/L. Therapeutic intervention: Catheterization and bilateral nephrostomy were our first treatments, which resulted in grey pyuria. Simultaneously, piperacillin-tazobactam was widely utilized as an anti-inflammatory agent. Outcome: The patient's health has improved once all interventions have been completed. The patient's lower abdomen pain and burning when urinating have subsided, and she is now stable. Conclusion: Rarely occurs urolithiasis with an entire challenging course.

Keywords: urinary, calculi, infection, kidney.

INTRODUCTION

The term "stones in the urinary tract" refers to various stone diseases that affect the urinary system. They are common urinary system issues. Kidney stones, ureteral stones, bladder stones, and urethral stones are the four types of stones that could form. Several elements, including external factors, internal ailments, and disorders of the urinary system, impact the emergence of this ailment.. Hematuria, lumbar and abdominal pain, signs of infection, and obstruction of the urinary tract, such as frequent urination, urgency, and dysuria, are typical clinical indications. Total urinary calculi are less common, exhibit a more significant number of clinical symptoms, and are more challenging to treat. A surgical approach is usually adopted as a curative treatment in such conditions ). We described a case of complete urinary calculi that required a range of therapies and rehabilitation at our facility.1

The following case is presented under the CARE criteria. 5% of urinary tract stones are bladder stones. They typically happen when a bladder neck obstruction, a urinary tract infection linked to a neurogenic bladder, or foreign items are present. Men experience them more frequently than women. About 15% of stones in the urinary system are infection stones. In modern urology practice, discovering a large bladder stone is uncommon. Recurrent U.T.I.s, hematuria, and urine retention make up the general clinical context.2
Patient information: A 20-year-old patient was admitted to our hospital. With frequent urination and recurrent dysuria for two months before admission and recurrent bladder stones for the previous seven years. Patients have endured this sickness for years, and numerous hospital admissions have been made to treat the symptoms.

Patient-specific information:

A 20-year-old male patient with frequent urination, dysuria, and recurrent bladder stones was admitted to our hospital. He had experienced these symptoms for two months before admission. Years of suffering from this illness have resulted in multiple hospital stays to treat the symptoms.

The primary concern and symptoms of the patient: The patient was seen at the hospital with their main complaints being lower abdomen pain that had been present for a month and a burning feeling when urinating. Additionally, the patient's medical, family, and psychosocial histories were obtained. There was no history of urinary system disorders in the family. The patient's family is composed entirely of healthy, physically fit individuals without any medical history. All of the members have jobs, and the bulk of jobs are open. There are positions available in the industry. The patient's family runs a farm and cultivates it like a farmer.

Relevant past intervention with the outcome: medication given to pt calcium supplements, or vitamin C supplements. Tell your doctor about all the medicines and supplements you take, as they may affect your risk of developing stones. If your doctor hasn't instructed you to stop taking any of these, don't. There has never been a recorded intervention with a successful outcome.

Clinical finding: a significant clinical finding and extensive physical evaluation (P.E.). No high-risk symptoms or indicators are found when a material is performed. The primary complaint, however, is current lower abdominal pain. Patients frequently display these signs and symptoms. Due to the existence of vesicle calculi, the patient underwent a CT scan at the time and was identified as a candidate for cystoscope lithotripsy, colilithotomy, and nephrolithotomy. He voluntarily consented to the procedures known as colilithotomy, nephrolithotomy, cystoscope lithotripsy, and excision under general anesthesia.

Health Status: Unhealthy

Consciousness level: aware

Body type: slim

Breath odor: non-existent

Good hygiene

The parameter in general:

Height- 156cm

Weight - 51kg

Important criterion:

96/74 mmHg blood pressure

Afebrile (98.4o F) temperature

Pulse rate: 80 beats per minute

Breathing rate: 20 breaths per minute
Examining the whole system:

Breathing system: Diminution of both sides' breath noises. There is no cardiovascular murmur. However, S1 and S2 are heard. No identifiable neurological abnormalities in the central nervous system, but conscious and oriented.

Abdominal exam: Tight and painful with no organomegaly. If the stone doesn't pass through the ureter or kidney, surgery may be required to remove it. Waiting for the stone to pass would cause too much pain. The procedure known as Shock Wave Lithotripsy (S.W.L.) is used to remove kidney and ureter stones. Ureteroscopy (U.R.S.) is used to treat stones in the kidney and ureter.

Timeline: For the previous month, the patient had been experiencing lower abdomen pain. Frequency, hesitation, and a burning sensation when passing urine were among the other problems encountered over the previous four years.3

The patient's medical history, physical examination, systemic examination, and other tests affect how the diagnostic evaluation turns out. The study shows that the customer has vesicle calculi and right ureteric calculi.

Discussion:

The two most common reasons for the production of stones are protracted D-J tube stays and persistent lower urinary tract blockage. Urinary calculi in patients throughout the course are unusual. The patient is used in this article as an illustration of a typical instance. D-J tubes are often used in urology. The D-J tube may become the center of a sizable number of stones as a result of prolonged retention in the body. In D-J tubes, it is unclear where the development of stones first started. However, it might be connected to the composition and surface properties of the D-J tube.4

Urinary tract infection, in vivo retention time, and urine characteristics Adherent stone growth occurred in 9.2% of cases in the first six weeks, 47.5% in the following 6-12 weeks, and 76.3 percent in the final 12 weeks, according to studies by El-Faqih et al. on D-J tubes from a number of patients. Consistent lower urinary tract obstruction makes urinary tract stones more common; the most frequent cause is bladder stones and benign prostate hyperplasia; kidney, ureter, and bladder calculi are less frequent.5 Clinically graded surgery is frequently preferable because long-term surgery and pump lavage may have substantial adverse effects on these people. On the other hand, the care given to this group of patients showed that complete urinary calculi could be removed after a single surgery. However, it's critical to realize that rather than offering advice, our strategy for treating a patient with urinary calculi is more of a case study. When determining the best course of therapy, it is important to take into account the patient's age, physical condition, surgical time, and tolerance.6-32

Conclusion:

The patient was admitted to the hospital with a chief complaint. After all investigation patient was diagnosed with a case of vesicle calculi with right ureteric calculi is a prevalent condition that is often misdiagnosed, undervalued, and treated inappropriately. Vesicle calculi with right ureteric calculi patients require planned interventions, which are in low supply. Everything has been thoroughly discussed. Two complementary approaches to treating vesicle calculi with right ureteric calculi-related symptoms are boosting awareness of vesicle calculi and right ureteric calculi, expediting the therapeutic process, and enhancing prognosis. To prevent patients from such a severe health conditions, it is necessary to conduct accurate forensic investigations, provide expert nursing care, and conduct good clinical assessments.

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