

Improving the Quality of Life of Patients with Ureteral Malignant Obstruction

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Short Communication

In a patient with cancer, the ureter may be obstructed by tumor progression. The urologist implants a double-pigtail stent between the kidney and the bladder when an obstruction of the ureter is found.

International scientific medical studies estimate that 80% of patients complain of different symptoms [1]: incontinence, urinary frequency, urgency, dysuria, hematuria, pelvic and lumbar pain. The symptoms are largely due to bladder irritation caused by the stent and by reflux during bladder voiding (Figure 1).



Figure 1: Appearance of the double-pigtail stents on X ray and appearance of the inflamed ureteral meatus around the double-pigtail stent.

This treatment-induced suffering can cause an additional suffering to the cancerous symptoms. Thus, we developed a new ureteral stent.

In our view, the original stent is essential to bypass the obstacle but its presence is unnecessary below the stenosis when the ureter is healthy. Thus, the part of the stent in the bladder is of no use in such conditions and its presence may provoke unwanted secondary effects.

In our innovative stent, named pigtail suture stent, the lower part of the stent is replaced by a 0.3F suture thread. The ureteral meatus intubated by the thread shows no inflammation (Figure 2).



Figure 2: Appearance of the pigtail suture stent on X ray. No ureteral inflammation is visible in contact with the suture thread.

Subsequently, we have improved tolerance stents [2,3] by creating a profiled tail but industrial manufacturers could further improve the profile of the tail that is currently manually sculpted (Figure 3).

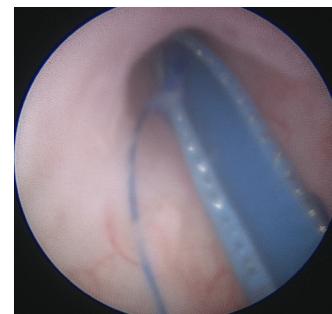


Figure 3: Appearance of the manually sculpted tail of the pigtail suture stent (endoscopic view).

We used these stents in more than 40 patients with cancer (Prostate, bladder, uterus, colon, and breast) or post-radiation stenosis. Stent symptoms are increased in case of prior pelvic irradiation. These

diseases often force patients to keep the stent for the rest of their lives. This perspective associated with the stent symptoms, strongly affects the patient's feeling.

We wish to inform the oncology community that this new stent can fortunately improve the patient's quality of life when a malignant tumor causes ureter obstruction.

References

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