- 1 Management of Pediatric Renal Stones (10-20mm) by Flexible
- 2 Ureteroscopy (F-URS), Miniaturized Percutaneous Nephrolithotomy
- 3 (Mini-Perc) or Extracorporeal Shock Wave Lithotripsy (ESWL):

4 Comparative Study

- 5
- 6

7 Abstract

8 **Objective:** To compare safety, efficacy, and stone free rate of retrograde intrarenal surgery (RIRS),

9 mini PCNL and extracoporeal shock wave lithotripsy (ESWL) in the treatment of pediatric renal stones.

10 **Patients and methods:** Ninety pediatric patients (9-18 years old) with single renal stone (pelvis or

11 lower calyx) 10-20 mm in size, were prospectively collected and randomly divided into three groups, A

12 (RIRS), B (Mini-PCNL) and C (ESWL). RIRS was performed using flexible ureteroscope (Boston

13 Scientific LithoVueTM 7.7/9.5Fr). Mini-PCNL was performed using rigid pediatric nephroscope (Storz

14 miniperc 16.5 Fr) and the stones were fragmented or dusted in groups A and B using holmium: YAG

15 laser (Luminis Pulse 30H). ESWL was performed using a piezoelectric lithotripter (Piezolith 3000 plus)

16 device under fluoroscopy guidance.

17 **Results:** Operative time significantly differed between the studied groups (P < 0.001), it was

18 significantly higher in group B (101 \pm 11 min) than in groups A (82 \pm 9 min) and C (75 \pm 28 min).

19 Fluoroscopy time significantly differed between the studied groups (P < 0.001), it was significantly

higher in group B (103 \pm 14 sec) than in groups A (44 \pm 7 sec) and C (90 \pm 12 sec).

The median hospital stay showed an overall significant difference between the studied groups (P < 0.001). No significant differences were observed regarding stone free rate (P = 0.667), pain score (P = 0.125), complications (P = 0.516), and complication type (P = 0.867).

- 24 **Conclusion:** ESWL, RIRS and mini-PCNL are safe and effective methods in treatment of renal
- 25 pediatric stones (10-20 mm).