

Response to the Letter to the Editor: “Impact of Anterior Kidney Calyx Involvement of Complex Stones on Outcomes for Patients Undergoing Percutaneous Nephrolithotomy”

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Dear Editor,

Thank you for the contributions. In the letter, 3 important topics about our study were pointed out: location of residual stone fragments, initial access location, and absence of medium term stone-free rate (SFR) [1]. Hence, it is important for us to briefly clarify these issues. Surgeons who frequently performed percutaneous nephrolithotomy (PCNL) may have experienced the difficulty of reaching anterior calyx stones. However, there are not enough studies on this subject in the literature [2–4]. We aimed to be a preliminary work in this matter with this study.

As the authors have stated the specific localization of the residual stone is very important, but unfortunately it can only be detected by postoperative computed tomography (CT) in all patients. Because of the retrospective nature of our study, not all patients performed CT.

Another subject mentioned by the authors was the initial access localization. The second paragraph of the letter emphasized the difficulty of reaching to the anterior calyx. However, this conclusion requires citation. Our goal with this study was try to fill this gap in the literature. The initial access localization was not evaluated because it was outside the purpose of our study. Moreover, the authors

stated in the fourth paragraph that “but in this study, the initial access localization was not reported. The localization of the initial access is one of the most important parameters affecting the stone-free rate, especially in complex stones. For example, upper pole access is an effective way to achieve higher SFRs, especially in staghorn or complex kidney stones.” Nevertheless, to our knowledge, there is no consensus about where initial puncture should be in the treatment of complex stones with PCNL. Many studies have shown that upper pole access is an independent risk factor that increases complication rates in PCNL and recommended when multiple access is required, not recommended for initial access [5–12].

The last point that the authors draw attention was the absence of medium term SFR in our study which was one of the most important limitations of our study. We could not access sufficient data because of retrospective nature of our study.

We consider the effect of anterior calyx stones in the management of nephrolithiasis as a subject worth researching. We believe that the missing points mentioned in this article should be revealed through prospective well-designed studies. We owe thanks to the authors for their valuable contribution.

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

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Author Contributions

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