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Diagnosis of nephrolithiasis and practical recommendations for optimizing treatment

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Importance of theme, as you know, Uzbekistan is considered to be endemic centre of urine stone disease. According to last data about urine stone disease, 30-40 percentage of children who were cured in urological department infected with this disease. Even though this illness was not learned in children. So it is very important to learn specific features of clinical manifestation and surgical treatment of this illness in endemic furnace conditions for medical practice. In the next years, works which were done to cure bilateral nephrolithiasis did not solve many problems, till now those are being reason for arguments. This in turn is due to the fact that the disease is accompanied by many and painful complications in children, in other words calculose pyelonephritis, calculose hydronephrosis and as a complication of these – chronic kidney failure and anemia. Shown facts mean, bilateral nephrolithiasis in children it is required to choose most appropriate surgical tactics in every single individual condition. Up to the present there are not conservative treatment ways which provide full recovery in children. Developed in later years, in adult urological clinics widely used electrophysic, ultrasound, laser and through the skin fragmentation, endurological treatments as well as a stone solvent the use of drugs in a long period of time to child's body itself it is not common in pediatric clinics depending on its specificity. Therefore, main treatment way remains the surgical method in children who is infected with this disease. There is no specific criteria for determining types and sequences of operation depending on location, size, amount of stones in kidneys as well as type of complications and leveln of disease. Hence, it is essential to find the most rational surgical tactics for treatment of bilateral nephrolithiasis in children.

Object of research, based on Andijan region children's multidisciplinary in the Urology Department of Medical Center for the next years lying with the diagnosis of bilateral nephrolithiasis in children 40 patients treated to the results of examination of children.

Conclusion Bilateral nephrothiasis in children most occurs in heavy form. For example, with many stones in calyx and renal pelvis (75%) with coralline stones (58%) as well as a lot in the urinary tracts with stones located in places (32.3%). Most common and most severe complications of bilateral nephrolithiasis in children are as follows: calculous pyelonephritis (100%) calculous

hydronephrosis (83.3%) chronic kidney failure (62.1%) anemia (37%). When bilateral nephrolithiasis is operativ treated, it has to be chosen individually by considering side, size, method and multilevel of initial operation, character, localization of stone, structure of renal pelvis, existence and their severe level of complications. Bilateral nephrolithiasis in children has to be treated by one-step operation in the following cases: localization of one or more stones in renal pelvis or calyx, coralloid with first stage of one or both kidneys stones. In the clinic during nephrolithotomy and pyelolithotomy to temporarily stop bleeding from the developed kidney and method to prevent migration of stones cutting off its veins as well as falling small stones into lower urinary tract eliminates the risk.

Practical recommendations. Urinary stone disease in children, the same including for the early diagnosis of bilateral nephrolithiasis in the conditions of polyclinic periodically all over 1 year old ultrasound of organs of urinary system in children it is necessary to conduct an examination. With bilateral nephrolithiasis in sick children, all stones have their shape and if the dimensions do not allow themselves to go out, they can be caused the disease in the early periods, it is necessary to remove it with an operative method.

Scheduled surgery of patients in the following cases it is necessary to do: on coralline stones of stage 2 and 3, all renal pelvis and on a large number of stones located in bowls, tract abnormalities, calculous hydronephrosis in 3-4 stage. When “dumb kidney”, chronic kidney in the late stages of its deficiency, at the 3rd level of anemia. In other cases when there is no contraindications it is necessary to remove at the same time from two sides.

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