



REPLY TO THE AUTHORS: Re: Ureteroinguinal hernia with obstructive urolithiasis

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To the editor,

Although there are no known risk factors for uretero-inguinal hernias we note that BMI could attribute and this patient had a BMI of 45, classified as morbid obesity (1, 2). There are other cases of this rare hernia that were also observed in males with extremely high BMI (3). Management of any obstruction can be a challenge in this individual with anatomic complexity and other options may need to be considered including longer stent lengths and even antegrade ureteral access via nephrostomy tube. This patient was successfully managed with retrograde ureteroscopy with holmium laser lithotripsy of his stone and placement of a 6 French x 30 cm double-J ureteral stent. This was the longest stent size available and it was unable to completely reach the renal pelvis but was left for 3 days post-operatively to prevent distal ureteral obstruction after procedure. Although it is a rare occurrence, the availability of extra-long stents in hospitals may be necessary. To date, there has been no recurrence of urolithiasis for the patient but continued monitoring with intermittent imaging will be a necessity.

The Authors

CONFLICT OF INTEREST

None declared.

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