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COMPARATIVE EVALUATION OF METHODS OF TREATMENT OF URETHRAL STONES

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ABSTRACT
One of the current problems is the complete dissatisfaction with the results of treatment of urethral stones, despite the fact that the world experience has accumulated a great deal of data on the etiology and pathogenesis of urinary stones, effective surgical procedures have been developed, and sufficient experience has been gained on materials for the treatment of urinary stones.

Keywords. organism, physical development, physical health, genetic programs, certain.

INTRODUCTION

Urinary stone disease (STD) is a common disease that occurs to a certain extent in almost all countries of the world. Sung is the second most common inflammatory disease of the urinary tract. It is characterized by the formation of stones in the urinary tract. 3% of the world's population suffers from urinary stone disease, accounting for 30-40% of all urological patients. The disease varies from country to country, averaging 1-5% in Asia, 5-9% in Europe, 13% in North America and 20% in Saudi Arabia. (1)

Prolonged inpatient treatment, increased material costs for treatment and rehabilitation of patients, a significant decline in the quality of life of patients undergoing surgery, and the emergence of purulent-septic complications after infection and surgical interventions remain negative causes despite some progress in this area (2).

The stones are located in all parts of the urinary system: in the parenchyma of the kidneys, in the cups, in the esophagus, in the ureters, in the bladder and in the urethra. Even in 10-80% of men over the age of 50, prostate stones are detected [1,2,3,5]. Most often, stones form in one of the kidneys, but in 9-17% of cases, urolithiasis can be bilateral.

Bilateral nephrolithiasis. If the disease is not treated in time, 70% of cases develop chronic renal failure. In 50% of cases, coral stones are detected in the kidneys. Complications of calculous hydronephrosis and calculous pyelonephritis develop rapidly. In the kidney, the stones are single and numerous (a large number of stones are often found in the hollow kidney). Observations show that sometimes up to 5,000 kidney stones are found.

We know from the literature that in 25-32% of cases, urinary stone disease recurs, with a more complex clinical picture. The growth rate of the stones is ultimately individual. Some stones do not grow for several years and do not bother the patient, while coral stones can fill the entire part of the pelvis and kidney cups in 6-12 months. Urinary stone disease (STD) is a polyetiological disease. There is currently no single theory of the pathogenesis of urinary stone disease. There are two types of process. They determine the factors of formal and causal genesis of stone formation.(8)

Formal genesis. According to the theory of crystallization, the process of formation of stones is governed by the principle of crystallization. In this process, the matrix does not play a significant role and is considered a random component. On the contrary, according to the proponents of the colloidal theory, the first and most important factor in the formation of stones is the formation of organic matrices of the stone, and the crystallization of urinary salts in it is a secondary process. For the onset of crystallization, in almost all cases, the concentration of stone-forming substances in the urine is high.(5,7) The reason for the formation

of stones in the end is considered to be a violation of the ratio of quantity and quality between the salts in the urine and the protective colloids that keep the salts in a dissolved state.

However, it is known that even under normal conditions, urine is often saturated with stone-forming substances (when eating a lot, doing heavy physical work, etc.), but the stone is not formed. To date, several substances have been identified that affect the stability of the colloid and keep the salts in a dissolved state, and conversely, their absence contributes to the crystallization of the salts. In normal urine, such substances include urea, creatinine, hippuranic acid, sodium chloride, citrates, magnesium, inorganic pyrophosphate, and boa constrictors. The metastable state of the salts in the saturated solution may be slightly degraded. In some cases, such a role is played by mucoproteins, sulfonamides, pyrovinogradic acid, collagen, elastin.

According to the literature, urinary tract stones occur in about 50% of patients with urolithiasis [10]. Ureter stones are often secondary, that is, stones from the kidneys, which are trapped in physiological contractions and grow at the expense of crystallization. The primary stones of the ureter can be formed as its button defects (diverticulum) x, isoba or thread (ligature) stones. (9)

Symptoms and clinical course. Urinary stone disease can be asymptomatic for a certain period of time and the stone is detected accidentally on X-ray or ultrasound examinations. This is called a latent form of urinary stone disease, and does not depend on the size of the stone, but rather on its location, indicating that the urine flow is not disturbed and there is no infection in the urinary tract. For example, a large coral stone that does not disrupt urine flow, reduce kidney function, and is not infected will not bother the patient for a long time.

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