

Letter to the Editor

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Pain in urolithiasis. What is left in the bag?

Sir,

A host of reasons contribute to abdominal pain although the pain due to renal calculus (RC) being less frequent. Unbearable pain is seen in the case of urolithiasis that is severe in intensity than any other disease condition. Pain doesn't subside by taking analgesics or postural changes. Pain is unexplainable. It may persist from few minutes to hours comes back and makes one feel very sick, may be seen daily or intermittently accompanied by vomiting and sleepless nights. Once and for all one wants to get rid of the pain, but due to improper diagnosis, pain persists as the analgesic action of drugs comes down. What has one got left in the bag to try?

Urolithiasis develops in up to 10% of men and 3% of women during their lifetimes. Many of us feel helpless because of the potential problem and may result in missed work. 50% of stone formers have a repeat attack in the next 5 years.¹ Disease severity is better determined by patient perception than by laboratory values and imaging. Urolithiasis is becoming common nowadays either due to improper hydration or due to certain disease condition (hypercalciuria, primary hyperparathyroidism, hyperoxaluria) and often is asymptomatic.

Pain is pain whether mild, moderate or severe. Pain in case of RC shifts from loin to groin. There is a need for early diagnosis and avoid certain precipitating foods and drink plenty of water. Diagnosis is usually done by ultrasound (USG) of the abdomen; however, sometimes it may not be seen. Hence, the standard for diagnosis would be non-contrast computerized tomography (CT) as it picks up the RC easily although little expensive as compared to USG. Uric acid stones are not visualized using routine radiography without contrast dye although they can be seen on CT.

Urine routine can pick up vital things related to RC viz. there may be urinary tract infection, hematuria, calcium oxalate crystals may be seen. About 5% of renal stones are composed of uric acid and calcium oxalate.² As for the pain diclofenac is the preferred analgesic for ureteric colic.³ Parenteral preparations may be given for severe pain. Unfortunately, there are no medicines to dissolve RC although alternative medicine claim that these stones can be managed through some ayurvedic medicines. If the size of calculus is small enough, usually <5 mm they pass off without causing much harm. About 90% of stone 5 mm or less will pass within 40 days. These people are very lucky as they would have

got prevented from extracorporeal shockwave lithotripsy and other therapeutic procedures. If the calculus persists, then there is more pain to be borne during procedures than which has already been experienced. It's always advisable to get proper treatment from a urologist. Once the calculus is removed surgically or by stenting, one needs to take care of his health for a lifetime and drink plenty of fluids and avoid certain foods as there are chances for recurrence of new stones. One needs to take care of his health with regular checkups and take appropriate precautions. Pain does not take leave in urolithiasis; it may be seen on any minute and any day of the year. Pain is bitter but can't be forgotten. Urolithiasis has a negative impact on patient quality of life across physical and emotional domains.⁴ Small moment of pain needs to be experienced, but there is life after it vanishes from the body. Need to increase fluid intake (>2 L/day), limit meat intake to one meal daily and have a low protein low calcium and low salt diet.

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