



## COMPARISON OF STONE SIZE IN POST OPERATIVE WITH DIET AND CO MORBIDITIES

### Urology

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### ABSTRACT

**BACKGROUND:** Renal stone is of various types and ureteric stone which are also of renal origin. This leads to obstruction and symptomatology. This condition is associated with many comorbidities.

**AIM :** This study was carried out to compare the size of stone in stone patients with diet and comorbidities, Saveetha medical college, Thandalam, Tamil Nadu.

**MATERIALS AND METHODS :** A total of 100 stone patients came Saveetha medical college, over a period of 3 months, with different age groups agreed to enter the study and were clinically evaluated. All these patients were asked about the diet and comorbidities. It was correlated with the stone size.

**RESULT:** A total of 100 stone patients included in our study, with varying age groups and size range 4 mm - 8 mm With associated comorbidities.

**CONCLUSION :** The study showed 45% patients had increased oxalate content in diet, obesity. They were associated with multiple comorbidities.

### KEYWORDS

#### INTRODUCTION:

Calculi could be renal or ureteric (always of renal origin). It is more common in males 90 percent. It is associated with various aetiologies:

1. Diet: vitamin A deficiency it causes desquamation of epithelium. 2. Climate: In hot climate urinary solutes will increase with decrease in colloids. 3. Citrate level in urine (300-900mg/24 hours). 4. Infection in kidney mainly urea splitting organisms like E.coli, staphylococcus, streptococcus. 5. Prolonged immobilisation. 6. Hyperparathyroidism. 7. Hyperoxaluria as a result of altered glycine metabolism. Foods rich in oxalates are spinach, tea, cola, alcohol, citrus fruits.

#### MATERIALS AND METHADODOLOGY :

**Study design:** Cross sectional prospective study.

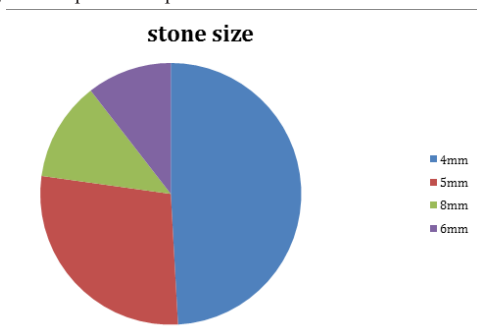
A total of 100 stone patients came to Saveetha medical college, Thandalam, Tamil Nadu over a period of 3 months, with different age groups agreed to enter the study and were clinically evaluated. All these patients were asked about their diet and comorbidities.

The stone size was compared post operative. Comparison was made.

#### RESULTS :

A total of 100 patients included in our study, which includes size of the stone found post operative. On figure 1, 4 mm size in 60 percent of patients. 5 mm in 20 percent of patients.

On figure 2 the per cent of patients with the comorbidities.



**Figure 1. Total number of patients distributed according to their age group**

**Figure 2: Co morbidity distribution**

#### DISCUSSION :

The incidence of is more in males

This Post operative size stone is seen to be large in patients with

hyperoxaluria and obese patients. The comorbidities are preventable by general care, proper diet habits. Fluid intake is to be increased. Post operative advice is mostly dietary changes.

#### CONCLUSION:

The study observed diet with high oxalate content is seen in 60 percent of patients. It is better to increase the fluid intake, diet with good vitamin A content.

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