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COMMENTARY

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Commentary for Factors affecting extracorporeal shock wave lithotripsy (ESWL) success

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Abstract

Dear Editor,

I recently had the opportunity to read the article titled "Factors affecting extracorporeal shock wave lithotripsy (ESWL) success" authored by Suleyman Sagir and Halil Sagir (1). I found this study to be quite insightful and believe that it contributes significantly to our understanding of the predictive properties of success in patients undergoing ESWL for kidney stones. However, I also have some critical points to consider.

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I recently had the opportunity to read the article titled "Factors affecting extracorporeal shock wave lithotripsy (ESWL) success" authored by Suleyman Sagir and Halil Sagir (1). I found this study to be quite insightful and believe that it contributes significantly to our understanding of the predictive properties of success in patients undergoing ESWL for kidney stones. However, I also have some critical points to consider.

The study, which retrospectively reviewed the medical records of 176 patients with single kidney stones measuring less than 2 cm, sheds light on the factors that influence the success of ESWL. The authors' conclusion that stone size and density are key predictive parameters for the success of ESWL is a valuable takeaway from this research. However, this information became a basis for strategy choice many years ago, not only in adult patients but also in pediatric urology. Moreover, the size of the stone itself is a criterion of suitability for ESWL - how can it be a prognostic factor at the same time? So the objective of the research seems not clear considering the diversity of patients with urolithiasis even among patients with the same range of dimensions.

Another area that could benefit from further clarification is how the authors divided the two groups, Group 1 and Group 2. While the study provides essential information about the patient characteristics and stone properties in each group, it would be helpful to understand the criteria or specific thresholds used to assign patients to these groups. Was it based only on the stone size or density etc.? What's the main criterion? Transparency in this regard would help readers better assess the validity of the division and its impact on the study's outcomes.

Moreover, it's important to consider potential confounding factors that could affect the results. For instance, were there any significant differences in patient demographics, such as race, place of living or comorbidities, between Group 1 and Group 2 that might have influenced the treatment outcomes? Providing a more comprehensive overview of patient characteristics in both groups would help address this question. Are there specific patient demographics or underlying medical conditions, that interact with stone size and density to influence ESWL success differently?

While the study's findings are valuable, it would also be beneficial to acknowledge any limitations that might affect the generalizability of the results. For instance, the retrospective nature of the study may introduce bias, and the study population consists of patients with single kidney stones measuring less than 2 cm, which may not reflect the full spectrum of patients seen in clinical practice. Acknowledging these limitations would provide a more balanced perspective for readers.

In addition to the factors discussed in the article, other variables, such as the anatomical location of the kidney stones, the presence of concurrent urinary tract infections, and the experience of the healthcare providers performing ESWL, could potentially influence treatment outcomes. It might be worthwhile to explore these variables in future studies to provide a more comprehensive understanding of the factors affecting ESWL success.

In conclusion, while the study by Sagir and Sagir provides valuable insights into the predictive factors influencing ESWL success, there are areas that could benefit from further clarification and consideration. Have authors considered only primary cases or reccurent cases also? If, so. How does patient compliance with post-ESWL recommendations, such as dietary modifications and fluid intake, affect stone recurrence rates and long-term outcomes? The name of article refers to predictive factors - but except size and density of stones, according to authors, the other factors are not influencing to results. What about the other managerial factors affecting outcomes of urine stone treatment? Can additional imaging modalities, such as computed tomography or ultrasound, complement the assessment of stone characteristics and improve the accuracy of predicting ESWL success?

As I reflect on this study and its critical points, I believe that addressing these concerns will not only strengthen the current research but also guide future studies to delve deeper into the complexities of ESWL and its success predictors.

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