Calcolosi

Systematic: Quirino Lai e Samuele Iesari (L’Aquila)

Linee guida ERBP 2013

No linee guida

Linee Guida KDIGO 2015

Evaluation

8.1: All donor candidates should have a detailed personal history about any prior kidney stones, and family history review for any first degree relatives with kidney stones. *(Not Graded)*

8.2: All donor candidates should have renal imaging (such as a CT angiogram) to assess renal anatomy prior to nephrectomy. Any imaging done as part of the donor evaluation should be examined for the presence of kidney stones. *(Not Graded)*

8.3: For all donor candidates with a history of kidney stones or evidence of kidney stones on imaging, the cause should be determined whenever possible. *(Not Graded)*

Linee Guida KDIGO 2015

Donor Selection

8.4: A decision to proceed with donation in a candidate with prior or current kidney stones should be based on a risk assessment of recurrence. *(Not Graded)*

8.5: When proceeding with donor nephrectomy in someone with a current unilateral stone, we suggest the kidney with the stone be removed, and that the donor be left with no significant stone in their remaining kidney. *(Not Graded)*

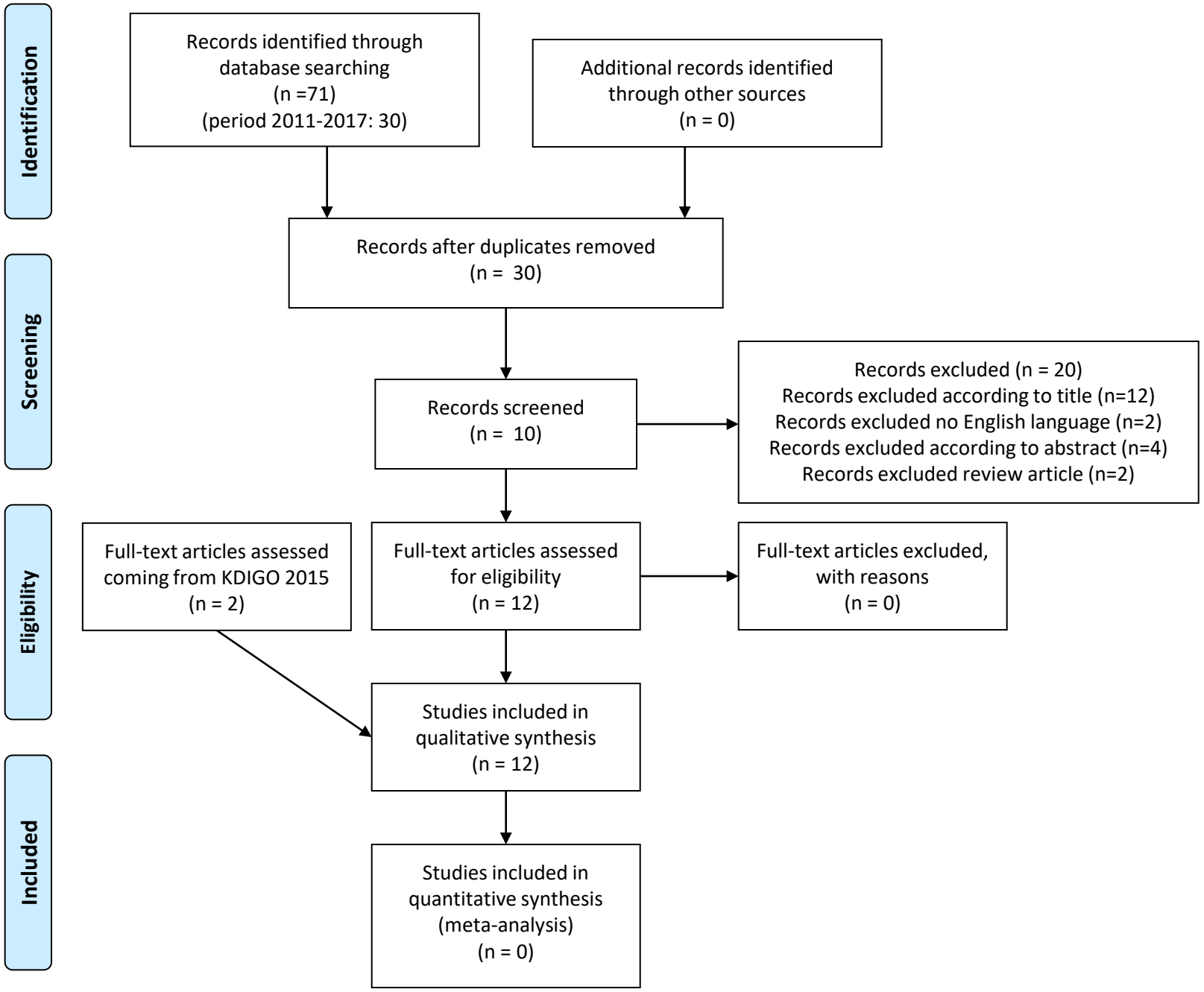
Linee Guida KDIGO 2015

Counselling

8.6: Individuals with current or prior evidence of kidney stones who donate a kidney should be encouraged to follow evidence-based dietary recommendations for the general population to minimize the risk of stone recurrence after donation. *(Not Graded)*

8.7: All donors who develop kidney stones after donation should receive consensus-based recommended investigations used in the general population to understand reasons for stone formation. *(Not Graded)*

8.8: All donor candidates and donors who develop kidney stones should receive evidence based treatments to reduce their risk of stone recurrence. *(Not Graded)*


Identification
Screening
Eligibility
Included
Records identified through database searching (n =71) (period 2011-2017: 30)
Additional records identified through other sources (n = 0)
Records after duplicates removed (n = 30)
Records screened (n = 10)
Records excluded (n = 20)
Records excluded according to title (n=12)
Records excluded no English language (n=2)
Records excluded according to abstract (n=4)
Records excluded review article (n=2)
Full-text articles assessed coming from KDIGO 2015 (n = 2)
Full-text articles assessed for eligibility (n = 12)
Full-text articles excluded, with reasons (n = 0)
Studies included in qualitative synthesis (n = 12)
Studies included in quantitative synthesis (meta-analysis) (n = 0)

Studi selezionati

Study
Olsburgh J, Thomas K, Wong K, Bultitude M, Glass J, Rottenberg G, Silas L, Hilton R, Koffman G. Incidental renal stones in potential live kidney donors: prevalence, assessment and donation, including role of ex vivo ureteroscopy. BJU Int. 2013 May;111(5):784-92. doi: 10.1111/j.1464-410X.2012.11572.x. PMID: 23110544
Thomas SM, Lam NN, Welk BK, Nguan C, Huang A, Nash DM, Prasad GV, Knoll GA, Koval JJ, Lentine KL, Kim SJ, Lok CE, Garg AX; Donor Nephrectomy Outcomes Research (DONOR) Network. Risk of kidney stones with surgical intervention in living kidney donors. Am J Transplant. 2013 Nov;13(11):2935-44. doi: 10.1111/ajt.12446. PMID: 24102981
Rizkala E, Coleman S, Tran C, Isac W, Flechner SM, Goldfarb D, Monga M. Stone disease in living-related renal donors: long-term outcomes for transplant donors and recipients. J Endourol. 2013 Dec;27(12):1520-4. doi: 10.1089/end.2013.0203. PMID: 24261656
Alexander RT, Hemmelgarn BR, Wiebe N, et al. Kidney stones and kidney function loss: a cohort study. BMJ 2012; 345: e5287.
Fink HA, Wilt TJ, Eidman KE, et al. Medical management to prevent recurrent nephrolithiasis in adults: a systematic review for an American College of Physicians Clinical Guideline. Ann Intern Med 2013; 158: 535-543.