RESULTS

Septic shock and death occurred in 6 (15%) and 2 (5%) patients, respectively. Gender, age and co-morbidities were not associated with septic complications. Urinary culture was negative in 40% of the cohort and the most prevalent pathogen was Escherichia coli. Administration of antibiotics other than 3rd generation cephalosporin was associated with septic shock (p=0.02). There was no difference between groups regarding the time of antibiotics use (p = 0.63) and time from presentation to urinary tract decompression (p=0.07).

Patients with leukocyte count above 15.6 x 103/μL had 2.2-fold greater risk of having septic shock (p=0.027).

CONCLUSIONS

Obstructive pyelonephritis due to ureteral stone migration is a severe pathology with substantial risk of septic complications and mortality. Third generation cephalosporin administration is associated with better prognosis in the analyzed population and septic adverse events prolonged the hospital stay. Patients with leukocytosis are at higher risk of intra/post-operative septic shock. A significant relation between delay in decompression and septic shock was not found, however we suggest to timely perform urinary tract decompression in all cases.

REFERENCES