

**EDITORIAL COMMENT**

In urologic practice, ureteral stents are what I would consider a necessary evil. Stenting is invaluable for the acute management of urinary obstruction secondary to urolithiasis, malignancy, or other etiologies. However, stents undoubtedly have associated morbidity. Contemporary series suggest that up to 85% to 90% of patients with indwelling ureteral stents report irritative lower urinary tract symptoms (frequency, urgency, dysuria), flank/suprapubic pain, or hematuria. This constellation of symptoms has prompted an ongoing search for potentially more tolerable stents that are of smaller caliber or different structural design.

In this case report, the authors present an adverse event associated with a recently introduced 4 Fr. Nitinol coil-based stent. I applaud the authors first and foremost for presenting a complication and outlining its subsequent management. All too often the medical literature is guilty for highlighting the positives and superlatives, while glossing over complications and adverse events. Complications will always occur and much can be gleaned from management strategies. I secondarily congratulate the authors for relating this complication to the manufacturer to prompt modification of stent design as well as revision of surgical indication (this 4 Fr. stent is no longer approved for adult use).

As ureteral stent technology continues to evolve, timely feedback as provided by this report is essential to determine whether newer stents are necessarily better.

Jay D. Raman, MD  
Assistant Professor of Urology  
Penn State Milton S. Hershey Medical Center  
Hershey, PA, USA