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**Re: Stone Composition among First-Time Symptomatic Kidney Stone Formers in the Community**

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*Mayo Clin Proc 2015; 90: 1356–1365. doi: 10.1016/j.mayocp.2015.07.016*

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/26349951>

**Editorial Comment:** This study indicates that an extremely high proportion of “community setting” stone formers (94%) have calcium oxalate or hydroxyapatite stones at the initial stone event. The information regarding the risk of recurrence being less for these individuals compared to those harboring brushite, uric acid and struvite is novel and important. This information can be used for counseling patients regarding metabolic evaluation, institution of medical therapy and followup strategies.

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Dean G. Assimos, MD

**Suggested Reading**

Mandel NS and Mandel GS: Urinary tract stone disease in the United States veteran population. II. Geographical analysis of variations in composition. *J Urol* 1989; **142**: 1516.

Mandel N, Mandel I, Fryjoff K et al: Conversion of calcium oxalate to calcium phosphate with recurrent stone episodes. *J Urol* 2003; **169**: 2026.

Krambeck AE, Lieske JC, Li X et al: Effect of age on the clinical presentation of incident symptomatic urolithiasis in the general population. *J Urol* 2013; **189**: 158.

Krambeck AE, Khan NF, Jackson ME et al: Inaccurate reporting of mineral composition by commercial stone analysis laboratories: implications for infection and metabolic stones. *J Urol* 2010; **184**: 1543.

**Re: Can Sexual Intercourse be an Alternative Therapy for Distal Ureteral Stones? A Prospective, Randomized, Controlled Study**

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*Urology 2015; 86: 19–24. doi: 10.1016/j.urology.2015.03.037*

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/26142575>

**Editorial Comment:** This is an interesting study that is limited by methods to assess compliance with the stated intervention in group 1 and in other groups not engaging in such activities. There

were also differences in compliance with followup among the groups. This could be a new definition of “painful intercourse”!

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Dean G. Assimos, MD

### Suggested Reading

Hollingsworth JM, Norton EC, Kaufman SR et al: Medical expulsive therapy versus early endoscopic stone removal for acute renal colic: an instrumental variable analysis. *J Urol* 2013; **190**: 882.

Hollingsworth JM, Wolf JS Jr, Faerber GJ et al: Understanding the barriers to the dissemination of medical expulsive therapy. *J Urol* 2010; **184**: 2368.

Bailey G, Vaughan L, Rose C et al: Perinatal outcomes with tamsulosin therapy for symptomatic urolithiasis. *J Urol* 2015; **195**: 99.

Iselin CE, Alm P, Schaad NC et al: Nitric oxide inhibits contraction of isolated pig ureteral smooth muscle. *J Urol* 1996; **155**: 763.

### Re: Effect of Demographics on Excretion of Key Urinary Factors Related to Kidney Stone Risk

M. Perinpam, E. B. Ware, J. A. Smith, S. T. Turner, S. L. Kardia and J. C. Lieske

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*Urology* 2015; **86**: 690–696. doi: [org/10.1016/j.urology.2015.07.012](http://dx.doi.org/10.1016/j.urology.2015.07.012)

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/26206452>

**Editorial Comment:** This study underscores the influence of gender and age on urinary stone risk parameters. These factors must be considered when prescribing regimens for stone prevention. These findings are even more important in the pediatric cohort.

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### Suggested Reading

Borawski KM, Sur RL, Miller OF et al: Urinary reference values for stone risk factors in children. *J Urol* 2008; **179**: 290.

Hoppe B, Jahnen A, Bach D et al: Urinary calcium oxalate saturation in healthy infants and children. *J Urol* 1997; **158**: 557.