

Clinical presentation

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Incidentally detected asymptomatic stones are increasingly diagnosed because of the widespread use of imaging. The presenting symptoms depend on the location of the stone, the size and type of stone, underlying infections and complications related to stone disease. Haematuria may be gross or microscopic, especially during episodes of renal colic. Calculuria is described as sand or gravel accompanying urine. Ureteric colic is acute abdominal pain caused by hyperperistalsis of the ureteric musculature against the obstructing stone. It manifests as sudden-onset excruciating pain in the flank that can radiate to the groin, scrotum or labia. Lower ureteric stones close to or lodged at the UVJ can cause symptoms of urgency and frequency. Malaise and weight loss can occur in longstanding infection stones or as a manifestation of renal failure. High-grade fever with chills suggests an underlying UTI and should be considered an emergency. During history taking, information about risk factors such as diet, physical activity, fluid intake, history of urinary tract infections, gastrointestinal symptoms, previous surgical history, family history and previous treatment for stone disease should be enquired about.

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