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INTRODUCTION & OBJECTIVE

Infectious complications (IC) after percutaneous nephrolithotomy (PNL) are serious complications that can put patients' lives at risk. Our objective was to analyze the predictors of IC before making a PNL.

METHODS

-A total of 386 patients with PCNL surgery were included in a retrospective study between January-2013 and June-2018.

-Postoperative IC: SIRS or sepsis (classic criteria).

-**Statistical tests:** bivariate analysis (Chi 2 and t-Student) and multivariate analysis (binary logistic regression)

ANALYZED VARIABLES

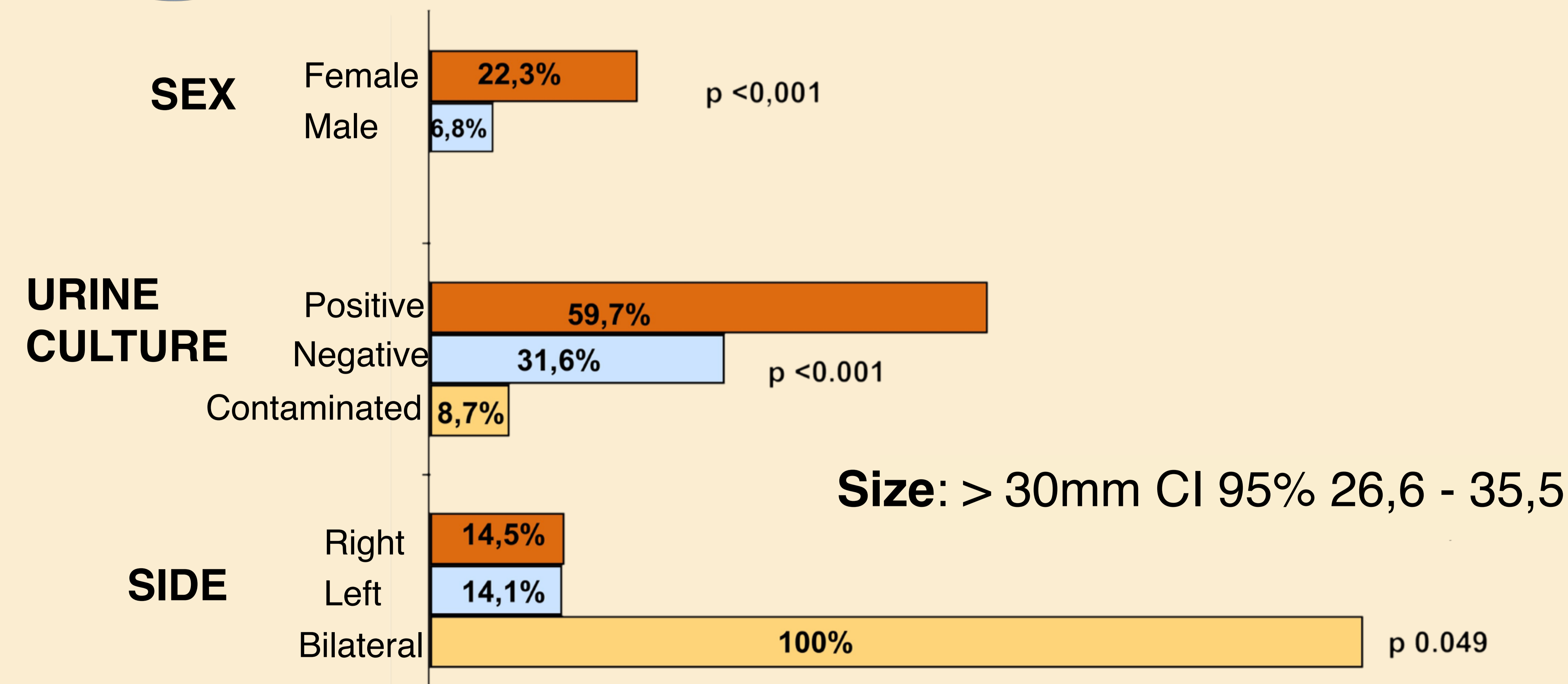
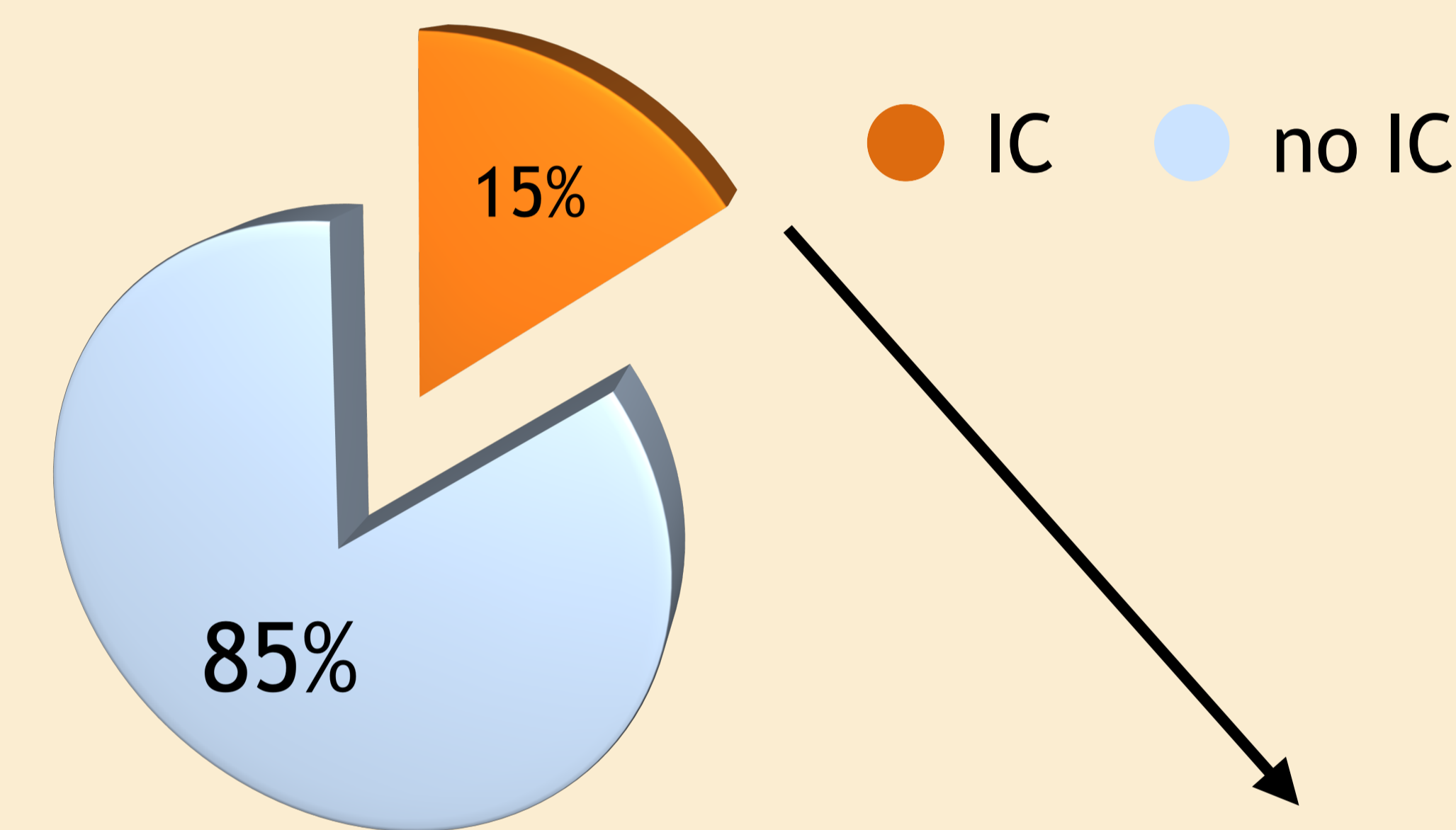
- Age
- Sex
- Diabetes Mellitus
- Body mass index (BMI)
- Lithiasis side and size
- Hounsfield Units (HU)
- Preoperative culture
- Surgical time
- Sheath's caliber

RESULTS

Age (years)	52,75 (+/-14,7)
BMI (kg/m2)	27,29(+/-6,08)
Lithiasis size (mm)	25,88 (+/- 14,05)
Surgical time (min)	118,23 (+/-41,6)

BINARY LOGISTIC REGRESSION		p<0,001
	OR	CI 95%
Female sex	3,4	1,6-7,3
IDDM	1,5	0,28-8
no IDDM	1,6	0,4-3,33
Preoperative culture +	4	2,17-7,33
Lithiasis size	1,02	1-1,04

Sex (%)	Female 51	Male 49	
Side (%)	Right Kidney 53	Left kidney 46	Bilateral and transplanted 1
DM (%)	No 85	ID 5	No ID 10
preoperative culture	Postive 35,84	Negative 64,16	



CONCLUSION

Diabetic women with large lithiasic size and positive preoperative culture have a higher risk of IC, that we should consider prior to surgery. In this group of patients, our advice is to keep a close monitoring in the early postoperative period. Moreover, we do not recommend performing bilateral procedures in a synchronized way.