MAKALEDE YAZAR, BAŞLIK SEÇİMİ VE ÖZETİN YAZILMASI

Op Dr Faruk Özgör
Haseki Eğitim ve Araştırma Hastanesi
Üroloji Bölümü

MAKALEDE YAZAR, BAŞLIK SEÇİMİ VE ÖZETİN YAZILMASI

ESU Course 01	How to write the introduction and methods
ESU Course 06	How to write results and discussion

eau esu European School of Urology

Turkish Journal of Urology; 39(Özel Sayı 1): 5-7 • doi:10.5152/tud.2013.045

TURKISH JOURNAL OF UROLOGY

AKADEMİK YAZIMIN İNCELİKLERİ

Eğitim

Selection of authors, titles and writing a manuscript abstract

Makalede yazar, başlık seçimi ve özetin yazılması

Tolga Akman

MAKALEDE YAZAR

Kim yazar olmalı ???

-Hipotez kurulması

-Çalışma plan ve projesinin yapılması

-Veri toplanması ve analiz edilmesi

- Verilerin yazıya dökülmesi

- Klinik şefleri – yöneticiler mutlaka yazıya yazılmalı mı???

Yazar sıralaması nasıl olmalı ???

- Yazarlar arası tartışmanın en fazla yaşandığı bölüm

- Birinci isim = çalışmayı planlayan ve yürüten kişi

- Yazar sıralaması = çalışmaya verilen emek doğrultusunda olmalıdır (Ödül ve sonraki çalışmalar için motivasyon)

MAKALEDE BAŞLIK SEÇİMİ NEDEN ÖNEMLİ ???

- Yazıların en fazla okunan kısmı

- Okuyucuların ilgilendikleri konu ile ilgili tarama yaparken en etkilendikleri yazı kısmıdır

- Okuyucunun ana metine ilgisi açısından ‘ TAMAM ya da DEVAM’ kararı

- İnternet arama motorları en çok başlıkta kullanılan kelimeleri taramakta ve bu sonuçlara göre bilgi vermektedir.

MAKALEDE BAŞLIK SEÇİMİ

-Yapılan çalışmayla ilgili konunun farkındalığına vurgu yapan, bilgi verici – çarpıcı ve anlaşılır olması amaçlanmalıdır

Comparison of miniaturized percutaneous nephrolithotomy and flexible ureterorenoscopy for the management of 10-20 mm renal stones in obese patients.

Ozgor F, Tepeler A, Elbir F, Sarilar O, Gurbuz ZG, Armagan A, Binbay M, Tasci AI.

World J Urol. 2016 Aug;34(8):1169-73. doi: 10.1007/s00345-015-1745-7. Epub 2015 Dec 17.

Comparison of shockwave lithotripsy and flexible ureteroscopy for the treatment of kidney stones in patients with a solitary kidney.

Yuruk E, Binbay M, Ozgor F, Sekerel L, Berberoglu Y, Muslumanoglu AY.

J Endourol. 2015 Apr;29(4):463-7. doi: 10.1089/end.2014.0613. Epub 2014 Nov 7.

Outcomes of retrograde flexible ureteroscopy and laser lithotripsy for stone disease in patients with anomalous kidneys.

Ugurlu İM, Akman T, Binbay M, Tekinarslan E, Yazıcı Ö, Akbulut MF, Özgör F, Müslümanoğlu AY.

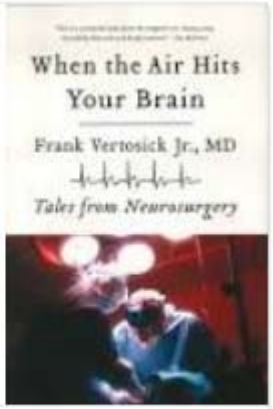
Urolithiasis. 2015 Feb;43(1):77-82. doi: 10.1007/s00240-014-0713-9. Epub 2014 Aug 27.

MAKALEDE BAŞLIK SEÇİMİ

Şaşırtmacalı ve özdeyişli cümlelerden kaçınılmalıdır

When the Air Hits Your Brain: Tales from Neurosurgery

Book by Frank Vertosick



4.3/5 · Goodreads

WHEN THE AIR HITS RENAL PARENCHYMA, TALES OF OLD UROLOGY	Corresponding Author	Reject

Does previous open renal surgery or percutaneous nephrolithotomy affect the outcomes and complications of percutaneous nephrolithotomy.

Ozgor F, Kucuktopcu O, Sarılar O, Toptas M, Simsek A, Gurbuz ZG, Akbulut MF, Muslumanoglu AY, Binbay M.

Urolithiasis. 2015 Nov;43(6):541-7. doi: 10.1007/s00240-015-0798-9. Epub 2015 Jul 4.

PMID: 26141983

MAKALEDE BAŞLIK SEÇİMİ

- Yüzeyel / Detaycı
- Uzun / Kısa (iyi bir başlık, 10-12 kelime geçmemeli)

7. Fathalla M and Fathalla M. A Practical Guide for Health Researchers. [Accessed: July 20, 2011] Available from: http://www.emro.who.int/dsaf/dsa237.pdf.

MAKALEDE BAŞLIK SEÇİMİ

Uzun / Kısa (iyi bir başlık, 10-12 kelime geçmemeli)

F – tipi patern (F- Shape pattern)

MAKALEDE BAŞLIK SEÇİMİ

-Soru değil bulunan sonuca vurgu yapmalı !!!

- Kısaltmalardan kaçınmak (Bölgesel farklılıklar)

Flexible ureterorenoscopy is safe and efficient for the treatment of kidney stones in patients with chronic kidney disease.

Yuruk E, Binbay M, Ozgor F, Erbin A, Berberoglu Y, Muslumanoglu AY.

Urology. 2014 Dec;84(6):1279-84. doi: 10.1016/j.urology.2014.07.038. Epub 2014 Oct 3.

Obesity might not be a risk factor for female sexual dysfunction.

Kadioglu P, Yetkin DO, Sanli O, Yalin AS, Onem K, Kadioglu A.

BJU Int. 2010 Nov;106(9):1357-61. doi: 10.1111/j.1464-410X.2010.09348.x.

PMID: 20394615 Free Article

IBJU-2016-0291 THE IMPORTANCE OF SKIN TO CALYX DISTANCE ON MINI PERCUTANEOUS NEPHROLITHOTOMY OUTCOMES

Skin to calyx distance is not a predictive factor for miniaturized percutaneous nephrolithotomy outcomes.

Ozgor F, Kucuktopcu O, Ucpinar B, Yanaral F, Binbay M.

Int Braz J Urol. 2017 Jul-Aug;43(4):679-685. doi: 10.1590/S1677-5538.IBJU.2016.0291.

MAKALEDE BAŞLIK SEÇİMİ

-Profesyonel dil yardımı

The most common reasons for not accepting a manuscript are as follows:

1. The article does not contain any new information on the causes or treatment of urolithiasis.

2. The content of the article is considered of minor interest for the readers of Urolithiasis.

3. The manuscript has been submitted without carefully observing the Instructions to Authors and has not been checked by a fluent English-speaker.

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- Projesi kapsamında araştırmacılara İngilizce redaksiyon, medikal istatistik ve medikal illüstrasyon açısından profesyonel destek sağlanmaktadır.

TÜRK ÜROLOJİ DERNEĞİ
İSTANBUL • 1933

MAKALEDE BAŞLIK SEÇİMİ

Poor title--poor manuscript?

[Article in English, Norwegian]
Gjersvik P, Gulbrandsen P, Aasheim ET, Nylenna M.

Abstract

BACKGROUND: The title of a scientific article is important for several reasons. Does the title of a manuscript submitted for publication in a medical journal reflect the quality of the manuscript itself?

MATERIAL AND METHOD: We prepared criteria for poor, fair and good titles and tested them in pilot studies. All manuscripts submitted to the Journal of the Norwegian Medical Association during the period 1 September 2009-31 August 2011 as original articles (n = 211) or review articles (n = 110) were recorded. The quality of the titles was scored by two former editors. Primary outcome measures were rejection rates and odds ratio for rejection of manuscripts with a poor title compared to those with a good title.

RESULTS: For original articles, the rejection rate for manuscripts with a poor, fair or good title amounted to 88%, 73% and 61% (p = 0.002) respectively, and for review articles 83%, 56% and 38% (p < 0.001). The odds ratio for rejection of manuscripts with a poor title compared to those with a good title was 4.6 (95% CI: 1.7-12.3) for original articles and 8.2 (95% CI: 2.6-26.4) for review articles. In a logistic regression model, the quality of the title explained 14% and 27% of the variance in outcome for original articles and review articles respectively.

INTERPRETATION: In this study, a poor manuscript title was significantly associated with manuscript rejection. This indicates that the quality of the title often reflects the quality of the manuscript itself.

Comment in

[Poor title--poor manuscript?]. [Tidsskr Nor Laegeforen. 2014]
[P. Gjersvik and colleagues reply]. [Tidsskr Nor Laegeforen. 2014]

Article type	Title quality	Number	(%)	Rejection rate[1]
Original articles		211	(100)	74 %
	Poor	57	(27)	88 %
	Fair	108	(51)	73 %
	Good	46	(22)	61 %
Review articles		110	(100)	57 %
	Poor	30	(27)	83 %
	Fair	43	(39)	56 %
	Good	37	(34)	38 %

[i]

MAKALEDE BAŞLIK SEÇİMİ

Clinics (Sao Paulo). 2012;67(5):509-13.

Articles with short titles describing the results are cited more often.

Paiva CE[1], Lima JP, Paiva BS.

Author information

Abstract

OBJECTIVE: The aim of this study was to evaluate some features of article titles from open access journals and to assess the possible impact of these titles on predicting the number of article views and citations.

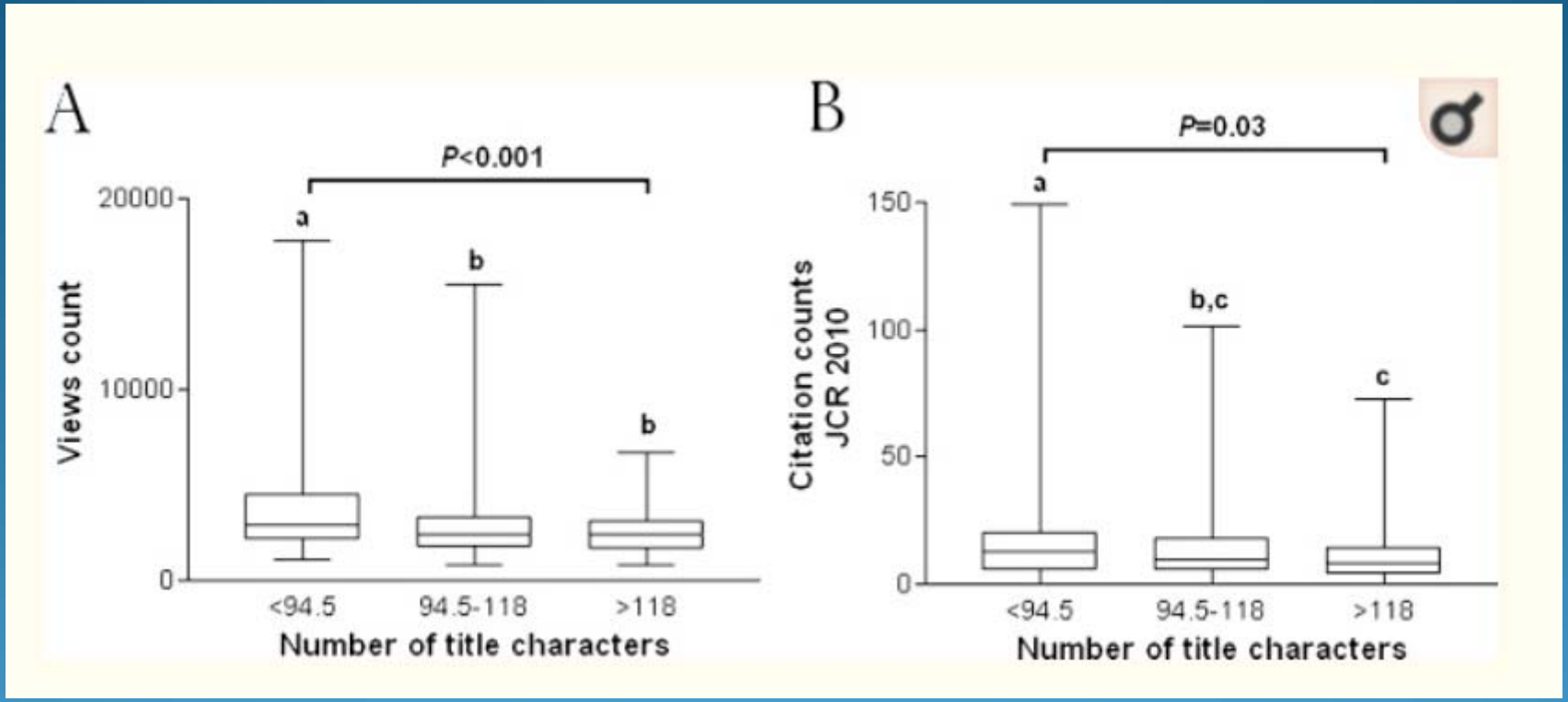
METHODS: Research articles (n = 423, published in October 2008) from all Public Library of Science (PLoS) journals and from 12 Biomed Central (BMC) journals were evaluated. Publication metrics (views and citations) were analyzed in December 2011. The titles were classified according to their contents, namely methods-describing titles and results-describing titles. The number of title characters, title typology, the use of a question mark, reference to a specific geographical region, and the use of a colon or a hyphen separating different ideas within a sentence were analyzed to identify predictors of views and citations. A logistic regression model was used to identify independent title characteristics that could predict citation rates.

RESULTS: Short-titled articles had higher viewing and citation rates than those with longer titles. Titles containing a question mark, containing a reference to a specific geographical region, and that used a colon or a hyphen were associated with a lower number of citations. Articles with results-describing titles were cited more often than those with methods-describing titles. After multivariate analysis, only a low number of characters and title typology remained as predictors of the number of citations.

CONCLUSIONS: Some features of article titles can help predict the number of article views and citation counts. Short titles presenting results or conclusions were independently associated with higher citation counts. The findings presented here could be used by authors, reviewers, and editors to maximize the impact of articles in the scientific community.

PMID: 22666797 PMCID: PMC3351256

MAKALEDE BAŞLIK SEÇİMİ



Clinics (Sao Paulo). 2012;67(5):509-13.

Articles with short titles describing the results are cited more often.

Paiva CE[1], Lima JP, Paiva BS.

MAKALEDE ÖZETİN YAZILMASI

- Başlıktan sonra okuyucunun etkileneceği ikinci kısım
- Yazının ana hatlarının ortaya konduğu kısım
- Çalışmada önemli bulunan sonuçlar vurgulanır
- Yazı bitirildikten sonra yazılması
- Kelime sınırlaması (açık, net, gereksiz ayrıntıdan uzak)
- Kaynak gösterilmemeli, tablo ve şekillere yer verilmemelidir

MAKALEDE ÖZETİN YAZILMASI

Çalışmada önemli bulunan sonuçlar vurgulanır

Comparison of miniaturized percutaneous nephrolithotomy and flexible ureterorenoscopy for moderate size renal stones in elderly patients

Faruk Ozgor, Fatih Yanaral*, Metin Savun, Harun Ozdemir, Ufuk Caglar, Omer Sarilar

Department of Urology, Haseki Teaching and Research Hospital, Istanbul, Turkey

Table 1 Comparison of preoperative demographics of patients.

	Groups		p value
	f-URS	mPNL	
Number	60	58	
Gender (male/female)	33/27	28/30	0.584
Age[a] (years)	67.7 ± 6.7	66.9 ± 5.9	0.493
BMI[a] (kg/m^2)	27.5 ± 4.3	26.7 ± 9.5	0.554
The ASA score	1.88 ± 0.61	1.95 ± 0.81	0.812
Operation side (R/L)	30/30	26/32	0.
Stone size[a] (mm)	19.0 ± 4.5	20.3 ± 5.6	0.
Stone number[a]	1.38 ± 0.76	1.53 ± 0.82	0.
Stone localization			0.
- Multiple localization	22	29	
- Pelvis	6	9	
- Lower	24	16	
- Middle	3	1	
- Upper	5	3	
Hydronephrosis	19/2	15/4	0.

Table 2 Comparison of perioperative parameters and outcomes.

	Groups		
	f-URS	mPNL	
Number	60	58	
Operation time (minutes)[a]	53.6 ± 23.1	103.5 ± 37.5	<0.001
Fluoroscopy time (minutes)[a]	2.0 ± 1.2	4.3 ± 3.1	<0.001
Hospitalization time (hours)[a]	23.1 ± 12.9	56.5 ± 35.5	<0.001
in drop (g/dl)[a]	NA	1.1 ± 1.1	NA
			0.673
	4	3	
	2	3	
	1	0	
	0	1	
ostoperative 1st day by KUB or USG)	47 (78.3%)	44 (75.9%)	
ostoperative 1–3rd month by CT)	49 (81.7%)	45 (77.6%)	
es			
	2	4	
	2	2	
	1	1	
us	53 (88.3%)	49 (84.5%)	

ladder radiography; CT = Computerized Tomography; USG = Ultrasonography.

Table 3 Stone composition of patients.

	Groups		p value
	f-URS	mPNL	
Number	60	58	
Stone composition			0.837
- Calcium Oxalate monohydrate	29	31	
- Calcium Oxalate dihydrate	9	7	
- Calcium phosphate	3	5	
- Magnesium ammonium phosphate	3	1	
- Uric acid	9	8	
- Cystine	0	0	
- No analyses	7	6	

Table 4 Comparison of patients with stone free status and with residual status.

	Stone free (n = 94)	Not stone free (n = 24)	p value
Stone size (<20 mm/>20 mm)	36/58	7/17	*0.411*
Stone localization			*0.865*
- Multiple localization	41	10	
- Isolated calyceal	53	14	
Hydronephrosis (2–3/0–1)	31/63	7/17	*0.724*

Table 5 Comparison of patients with and without complication.

	With complication (n = 14)	Without complication (n = 104)	p value
Stone size (<20 mm/>20 mm)	0/14	43/61	*0.002*
Stone localization			*<0.001*
- Multiple localization	13	38	
- Isolated calyceal	1	66	
Hydronephrosis (2–3/0–1)	7/7	31/73	*0.131*

MAKALEDE ÖZETİN YAZILMASI

Comparison of miniaturized percutaneous nephrolithotomy and flexible ureterorenoscopy for moderate size renal stones in elderly patients

Faruk Ozgor, Fatih Yanaral*, Metin Savun, Harun Ozdemir, Ufuk Caglar, Omer Sarilar

Department of Urology, Haseki Teaching and Research Hospital, Istanbul, Turkey

Received 29 June 2017; accepted 11 October 2017

KEYWORDS
Aged;
Ureteroscopy;
Nephrolithiasis;
Lithotripsy;
Nephrostomy, percutaneous

Abstract Life expectancy has become longer, thus the number of elderly people who require treatment for nephrolithiasis has increased. We aimed to analyze the efficacy of flexible ureterorenoscopy (f-URS) and miniaturized percutaneous nephrolithotomy (mPNL) in the management of 10 and 30 mm renal stones in patients aged >60 years. In prospective non-randomized series, the data of patients who underwent f-URS or mPNL for kidney stones between July 2013 and July 2016 were analyzed. The procedure was accepted as successful if the patient was achieved complete stone clearance according to CT imaging between 1–3 months postoperatively. In total 60 patients and 58 patients were underwent f-URS and mPNL, respectively. The mean operation time, fluoroscopy time and hospitalization time were significantly shorter for the f-URS ($p < 0.001$, $p < 0.001$, $p < 0.001$, respectively). According to Clavien classification system, complication rates were not significantly different between the groups ($p = 0.673$). The stone-free rate was 81.7% for the f-URS group and 77.6% for the mPNL group after a single-session procedure ($p = 0.747$). Calcium oxalate monohydrate stones were the most common stone type in both groups. In multivariate analysis, multiple stones localization was only independent factor to predict complications. Our study had showed that both f-URS and mPNL are effective treatment modalities for 10–30-mm renal stones in elderly patients. Additionally, presence of stones in multiple location was the only predictive factor for complication development.

MAKALEDE ÖZETİN YAZILMASI

- Genellikle 100 ve 300 kelime arasında, özet 3 farklı tipte: tanımlayıcı, bilgilendirici ve yapılandırılmış.

-Genel olarak sosyal bilimlerde ve beşeri bilimlerde kullanılan tanımlayıcı özetler, yöntemler ve sonuçlar hakkında özel bilgi vermez.

-Bilgilendirici özetler fen bilimlerinde yaygın olarak kullanılır ve arka plan, amaç, yöntemler, sonuçlar ve sonuçlar hakkında bilgi sunar.

-Yapısal özetler, esasen bir dizi başlığa (ör., Amaç, Yöntem, Bulgular, Sonuç) 'ya bölünmüş bilgilendirici özetlerdir ve tipik olarak tıp literatüründe ve klinik deney raporlarında bulunur.

MAKALEDE ÖZETİN YAZILMASI.

J Endourol. 2017 Feb;31(2):169-173. doi: 10.1089/end.2016.0721. Epub 2017 Jan 4.

External Validation and Evaluation of Reliability and Validity of the Triple D Score to Predict Stone-Free Status After Extracorporeal Shockwave Lithotripsy.

Ozgor F[1], Tosun M[2], Kayali Y[2], Savun M[1], Binbay M[1], Tepeler A[3].

Author information

Abstract

OBJECTIVE: The Triple D scoring system is defined as novel and simple nomogram using the main parameters (skin-to-stone distance, stone density, and volume) to indicate most appropriate patients for extracorporeal shockwave lithotripsy (SWL). We aimed to evaluate the accuracy of the Triple D scoring system in predicting SWL success rates.

PATIENTS AND METHODS: In two tertiary academic centers, charts were retrospectively analyzed of patients who had, between January 2014 and May 2016, been treated by SWL for radiopaque kidney stones. A total of 200 patients were enrolled into the study. Parameters were calculated for each of the three specified variables. Since one point was assigned for any parameter that was less than the cutoff value, Triple D scores ranged from 0 (worst) to 3 (best).

RESULTS: Stone-free status was achieved in 115 patients (57.5%), and 85 patients had one or more residual fragments (42.5%). Differences in stone characteristics, including stone location, density, and volume, were statistically significant in patients whether SWL achieved stone-free status or not ($p < 0.001$, $p < 0.001$, and $p < 0.001$, respectively). Triple D scores were significantly higher in patients treated with SWL compared with patients in whom SWL failed ($p < 0.001$). Triple D scores of 0, 1, 2, and 3 correlated with stone-free rates of 41.7%, 33.7%, 69.4%, and 97%, respectively. The multivariate analyses revealed that Triple D score and stone location were identified as independent factors affecting SWL success ($p < 0.001$ and $p = 0.008$, respectively). The mean number of SWL sessions was significantly higher in patients with SWL failure ($p = 0.003$).

CONCLUSION: Our study externally validates that the Triple D scoring system is associated with SWL success in the treatment of renal and ureteral stones. Further studies are warranted to assess clinical usefulness and the accuracy of this nomogram in different patient groups.

Urolithiasis. 2014 Dec;42(6):533-8. doi: 10.1007/s00240-014-0691-y. Epub 2014 Aug 1.

Clinically insignificant residual fragments after flexible ureterorenoscopy: medium-term follow-up results.

Ozgor F[1], Simsek A, Binbay M, Akman T, Kucuktopcu O, Sarilar O, Muslumanoglu AY, Berberoglu Y.

Author information

Abstract

The characteristics of clinically insignificant residual fragments (CIRFs) are well described after percutaneous nephrolithonomy (PCNL) and shock wave lithotripsy (SWL). In follow-up procedures, CIRFs are associated with obstruction, infectious conditions, and recurrent stone development. In this study, we aim to determine the medium-term outcomes of CIRF. Between May 2009 and January 2013, 384 patients underwent flexible ureterorenoscopy (F-URS). In 44 patients, CIRFs were diagnosed with abdominal CT between 3 weeks and 3 months after the operation. Periodic follow-up, including clinical examination, serum biochemistry, urine culture, and radiological imaging, was performed for all patients. Also, 24 h urine analysis and stone composition were evaluated. Asymptomatic patients with stable stone sizes or patients with spontaneous clearance were classified in group 1 and patients with increasing stone sizes or those who became symptomatic were classified in group 2. The variables affecting stone recurrence between the two groups were compared. A total of 15 patients showed symptoms and/or stone development in the median 30.5 ± 8.809 months follow-up period. Additional treatment modalities-including F-URS in five patients, URS in three patients, SWL in two patients, and PCNL in one patient-were performed in 11 patients. The pre-operative stone burden and the number of patients with metabolic abnormalities were significantly higher in group 2 than in group 1. Medium-term follow-up of CIRF after F-URS demonstrated that recurrence is common within 2 years. The presence of a pre-operative high stone burden and metabolic abnormalities in 24 h urine analysis were predictive factors for stone recurrence.

BJU Int. 2012 May;109(9):1384-9. doi: 10.1111/j.1464-410X.2011.10691.x. Epub 2011 Oct 28.

Comparison of percutaneous nephrolithotomy and retrograde flexible nephrolithotripsy for the management of 2-4 cm stones: a matched-pair analysis.

Akman T[1], Binbay M, Ozgor F, Ugurlu M, Tekinarslan E, Kezer C, Aslan R, Muslumanoglu AY.

Author information

Abstract

Study Type--Therapy (case control). Level of Evidence 3b. What's known on the subject? and What does the study add? Recently European Association of Urology 2011 guidelines on urolithiasis recommended retrograde intrarenal surgery as the second-line therapy for the treatment of kidney stones <10 mm in diameter. This study shows that retrograde intrarenal surgery may be an alternative therapy to percutaneous nephrolithotomy, with acceptable efficacy and low morbidity for 2-4 cm stones.

OBJECTIVE: • Currently, the indications for retrograde intrarenal surgery (RIRS) have been extended due to recent improvements in endoscopic technology. In this study, we compare the outcomes of percutaneous nephrolithotomy (PCNL) and RIRS in the treatment of 2-4 cm kidney stones.

MATERIALS AND METHODS: • Between September 2008 and January 2011, 34 patients who had renal stones ranging from 2 to 4 cm in diameter were treated with RIRS. The outcomes of these patients were compared with patients who underwent PCNL using matched-pair analysis (1:1 scenario). • The matching parameters were the size, number and location of the stones as well as age, gender, body mass index, solitary kidney, degree of hydronephrosis, presence of previous shock wave lithotripsy and open surgery. • Data were analysed using Fisher's exact test, Student's t test and the Mann-Whitney U test.

RESULTS: • Stone-free rates after one session were 73.5% and 91.2% for RIRS and PCNL respectively (P= 0.05). Stone-free rate in the RIRS group improved to 88.2% after the second procedure. • Mean operation duration was 58.2 (±) 13.4 min in the RIRS group but 38.7 (±) 11.6 min in the PCNL group (P < 0.0001). Blood transfusions were required in two patients in the PCNL group. • Overall complication rates in the PCNL group were higher, but the differences were not statistically significant. Hospitalization time was significantly shorter in the RIRS group (30.0 + 37.4 vs 61.4 + 34.0 h, respectively; P < 0.001).

CONCLUSION: • Satisfactory outcomes can be achieved with multi-session RIRS in the treatment of 2-4 cm renal stones. RIRS can be used as an alternative treatment to PCNL in selected cases with larger renal stones.

J Urol. 2012 Jan;187(1):173-7. doi: 10.1016/j.juro.2011.09.038. Epub 2011 Nov 17.

Long-term outcomes of percutaneous nephrolithotomy in 177 patients with chronic kidney disease: a single center experience.

Akman T[1], Binbay M, Aslan R, Yuruk E, Ozgor F, Tekinarslan E, Yazici O, Berberoglu Y, Muslumanoglu AY.

Author information

Abstract

PURPOSE: We evaluated the long-term outcomes of percutaneous nephrolithotomy in patients with chronic kidney disease.

MATERIALS AND METHODS: Data on 1,904 patients who underwent percutaneous nephrolithotomy between 2002 and 2011 were retrospectively collected. The estimated glomerular filtration rate for each patient was retrospectively calculated using a 4-variable modification of diet in renal disease equation. Patients were staged for chronic kidney disease by National Kidney Foundation guidelines.

RESULTS: A total of 242 patients (12.7%) had a preoperative glomerular filtration rate of less than 60 ml per minute/1.73 m(2). Those monitored a minimum of 1 year were included in analysis. The study included 177 patients with a mean ± SD age of 54.3 ± 12.1 years. Perioperative and postoperative complications were noted in 15.2% of patients. At a mean followup of 43.4 ± 22.7 months renal function in 29.4% of patients had improved but it remained the same or deteriorated in 54.2% and 16.4%, respectively. On multivariate regression analysis diabetes and preoperative or postoperative complications predicted renal function. The stone-free rate 3 months postoperatively was 80.2% (142 of 177 cases). Stones recurred during long-term followup in 36 of these patients (25.3%). Spontaneous stone passage was detected in 12 of the 35 patients (34.2%) with residual stones but 8 (22.8%) with residual stones experienced an increase in stone size.

CONCLUSIONS: At long-term followup renal function was maintained or improved in greater than 80% of patients with chronic kidney disease who underwent percutaneous nephrolithotomy. Stones recurred or residual stones grew in approximately 25% of these patients.

MAKALEDE ÖZETİN YAZILMASI

- Çalışma neden yapıldı ?
- Nasıl bir plan izlendi ?
- Sonucunda neler bulundu ?
- Hangi çıkarımları yapabiliriz ?

MAKALEDE BAŞLIK – ÖZET YAZIMI

- Çoğu arama motoru, veri tabanı ve günlük web siteleri başlığınızdaki kelimeleri değerlendirerek okuyucuların yazınıza ulaşmasını sağlayacaktır.

- Başlık ve özet kısmı birçok dergide ücretsizdir, okuyucuların ana yazıyı okumaları açısından karar verdiricidir

- Editör ve hakemlerin ilk değerlendirdikleri kısım – Yazının yayınlanmasında ve sonrasında atıf almasında önemi büyük !!!

SABRINIZ İÇİN TEŞEKKÜRLER !!!