CONCLUSION

In the light of the present work and with a review of studies in the past, the following can be concluded:

1. The commonest age incidence of urinary calculi was in the 5th decades.

2. In males, occurrence of disease was about twice as common as in females.

3. In both the sexes the maximum occurrence of urinary calculi was in 41-50 years of age groups.

4. The commonest clinical presentation was pain off and on with vomiting, haematuria, dysuria and increased frequency of micturition.

5. The occurrence of urinary calculi was common in the rural population as compared to urban population.

6. The incidence of urinary calculi was common in the population of middle socio-economic status thereafter low socio-economic status.

7. The population using well water suffered more from calculi formation.
8. The vegetarians were afflicted more than the non-vegetarians.

9. Incidence of upper urinary tract stone was more common as compared to lower urinary tract stone.

10. The commonest pyelographic finding was due to obstructive uropathy, in the form of hydrocalyx and hydropelvis.

11. Most of the renal calculi found in the range of 10–20 mm in size and ureteric calculi 3–5 mm size.

12. Pyelonephritis was present along with urinary calculi in 62.9%.

13. Complications during pyelography were minimal. Only two cases developed severe anaphylactic reaction in the form of feeble pulse and hypotension.