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References

- Baishya RK, Dhawan DR, Jagtap J, Sabnis R, Desai MR. Percutaneous nephrostomy under ultrasound guidance. Indian J Nephrol 2011;21:131-2
- Karim R, Sengupta S, Samanta S, Aich RK, Das U, Deb P. Percutaneous nephrostomy by direct puncture technique: An observational study. Indian J Nephrol 2010;20:84-8.
- Dodd GD, Head H. Biopsy, drainage and percutaneous treatment of a mass. In Ultrasonography in urology. 2nd ed. I Bluth EI, editor. Thieme Medical Publishers, New York p. 156-64.

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Authors reply on "Percutaneous nephrostomy under ultrasound guidance"

Sir,

'Percutaneous nephrostomy'^[1,2] is a very effective procedure to relieve upper urinary tract obstruction temporarily, but is seldom practiced. Baishya et al.^[1] correctly pointed out the benefits of the procedure under ultrasound guidance, as also particularly the risk of long-term radiation to the health personnel. The observations of the authors and that of Baishya et al.^[1] are essentially similar. The debate between the proponents of the freehand technique and attached guide technique is age-old.^[3] In our opinion, the freehand technique proves better in needle visualization and correct placement of the catheter. The Malecot catheter might be a better alternative in certain situations, where there is a significant chance of catheter blockage e.g. presence of pus or blood clot in the obstructed calyx.