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Laparoscopic management of ureteral endometriosis: the Stanford University hospital experience with 96 consecutive cases

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Purpose: We report the clinical characteristics and the principles of laparoscopic management of ureteral endometriosis at our institution.
Materials and Methods: We retrospectively reviewed the charts of patients with ureteral endometriosis.
Results: Preoperatively 97% of patients complained of pain but only a third had urinary symptoms. The left ureter was affected in 64% of cases and disease was bilateral in 10%. Four patients had hydroureter and 2 had hydronephrosis.
Conclusions: To our knowledge this report represents the largest series of laparoscopically treated, pathologically confirmed ureteral endometriotic cases to date. It confirms that laparoscopic diagnosis and management of ureteral endometriosis are safe and efficient. All patients who undergo laparoscopy for endometriosis should be evaluated for possible ureteral involvement regardless of the presence or absence of urinary symptoms, or prior radiological evaluation since undiagnosed ureteral disease may result in loss of renal function.

Editorial Comment

The authors described the largest series of ureteral endometriosis managed laparoscopically. The authors' recommendations are very useful depicting a practical algorithm to evaluate and manage this not very common pathology.

In case of non-dilated ureter, one may even consider placement of stents if ureter is compromised (dusky ureteral color, poor peristaltic activity and devascularized serosa).

The aim of treatment should be to remove all endometriotic lesions, relieve ureteral compression and avoid recurrence while minimizing the morbidity associated with radical surgery. Moreover, the laparoscopic approach is feasible and allows the surgeon to treat optimally this disease.

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Salvage robotic-assisted radical prostatectomy: initial results and early report of outcomes

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Objective: To evaluate the initial results of salvage robotic-assisted radical prostatectomy (SRARP) after recurrence following primary radiotherapy (RT) for localized prostate cancer.
Patients and Methods: Between December 2002 and January 2008, 11 patients had SRARP with pelvic lymph node dissection by one surgeon from one institution. Six patients had brachytherapy, three had external beam