Laparoscopic Ureteroureteral Anastomosis for Distal Ureteral Injuries during Gynecological Laparoscopic Surgery
Choi JS, 1 Lee JH, 1 Son CE, 1 Lee KW, 1 Choi KM, 1 Jung US. 2 Obstetrics and Gynecology, Kangbuk Samsung Hospital, Seoul, Republic of Korea; 2 Obstetrics and Gynecology, Konyan University Hospital, Daejon, Republic of Korea

Study Objective: The purpose of this study is to report a feasibility and efficacy of laparoscopic ureteroureteral anastomosis performed for the treatment of distal ureteral injuries during gynecological laparoscopic surgeries.

Design: Retrospective clinical study (Canadian Task Force classification II-2).

Setting: University teaching hospital.

Patients: Four women with ureteral transection or ureterovaginal fistula.

Intervention: Laparoscopic ureteroureteral anastomosis.

Measurements and Main Results: The median age of patients was 44 years (range, 33–63 years) and median operating time was 120 minutes (range, 90–160 minutes). There were no laparotomies. No intra- or postoperative complications occurred. Follow-up for these patients ranged from 10 to 32 months. All patients have been asymptomatic, and their follow-up intravenous pyelogram (IVP) and ultrasound examinations have been normal.

Conclusion: Laparoscopic ureteroureteral anastomosis is a feasible minimally invasive option for patients with gynecologic distal ureteral injuries.

Giant Abdominal Morgagni Cysts: Intricate Presurgical Identification of Their Origin. Case Reports and Literature Review
Dhamraj DN, Watson K, Amesse L, Ventolini G. OB/GYN, Wright State University, Dayton, OH

Study Objective: To describe the diagnostic regimen and treatment of three recent cases of giant hydatid cysts of Morgagni and review the literature for reports on the management of this rarely reported finding.

Design: Case series of three giant paratubal cysts at our institution and a PubMed database search for reports with key words “paratubal cyst”, “paratubal cyst”, “large adnexal cyst”, “giant adnexal cyst.”

Setting: Midwestern university affiliated private tertiary care hospital.

Patients: Three patients at our institution identified with paratubal cysts greater than 10 cm.

Intervention: Excision and drainage of cysts via laparotomy or laparoscopy.

Measurements and Main Results: 2 patients underwent laparoscopic drainage and excision and one patient was treated via a small Pfannenstiel. 19 case reports of large paraovarian and/or paratubal cysts identified from 1965 to 2008. Of these 12 were treated via laparotomy and 7 were treated laparoscopically.

Conclusion: Although difficult to identify their organ of origin, giant non-mucinous and benign hydatic cysts are amenable to drainage and excision through small abdominal incision or, in some cases, laparoscopically. The appropriate use diagnostic imaging and tumor markers can allow for more conservative surgical management.

Clinical Repercussions of Videolaparoscopic Tubal Ligation
Dies DS, 1,2 Nahás Neto J, 1 Nahás EAP, 1 Modotti WP, 1,3 Lasmar RB, 1 Dias R, 1 Gynecology, Obstetrics and Mastology, Botucatu Medical School São Paulo State University - UNESP, Botucatu, São Paulo, Brazil; 2 IAM - Instituto de Atendimento Mulher, Assis, São Paulo, Brazil; 3 Ribeirão Preto Medical School São Paulo University - USP, Brazil

Study Objective: This study aimed to evaluate the clinical repercussions of the videolaparoscopic tubal ligation.

Design: This is a retrospective, longitudinal study, with a convenience sample of 130 women, between 19 and 49 years, submitted to videolaparoscopic tubal ligation, according the tubal ring and bipolar coagulation techniques, during the period of January 1999 to December 2007. Disorders in menstrual cycle period, amount of bleeding, duration of menstruation, presence of pre-menstrual distress, dysmenorrhea, dyspareunia, pelvic pain and satisfaction with sexual life were reported through a pre-established questionnaire. Each woman served as her own control and comparison with the period pre and post tubal ligation was established, utilizing the Wilcoxon test, the McNemar test and Chi-square or Fisher’s exact tests, with a confidence interval of 95% and p < 0.05 statistically significant.

Setting: Botucatu Medical School São Paulo State University - UNESP, Gynecological Endoscopy and Family Planning Sector.

Patients: Convenience sample of 130 women, submitted to videolaparoscopic tubal ligation, during the period of January 1999 to December 2007.

Intervention: Retrospective analyzes of data. Interview with application of a pre-established questionnaire.

Measurements and Main Results: Data showed an increase statistically significant after tubal ligation on the amount of bleeding (p = 0.001), presence of pre-menstrual distress (p < 0.001), dysmenorrhea (p = 0.019) and pelvic pain (p = 0.001). A reduction also statistically significant in the number of sexual relations during the week (p = 0.001) and on libido (p = 0.001) was observed. Women aged ≤ 35 years, at the moment of sterilization, were more likely to develop symptoms.

Conclusion: The videolaparoscopic tubal ligation, regardless the technique utilized, showed to be associated with an increase in amount of bleeding and pre-menstrual distress, mainly in women aged ≤35 years, and showed also a negative influence on sexual activity.

Laparoscopic Repair of Ureteral Transection in Gynecologic Laparoscopic Surgery
Han CM, Lee CL, Su H, Wang CJ, Yen CF. Department of Obstetrics and Gynecology, Chang Gung Memorial Hospital & Chang Gung University College of Medicine, Gueishan Township, Taoyuan, Taiwan Republic of China

Study Objective: Ureteral injuries are known complications of laparoscopic gynecological surgeries. The aim was to review the feasibility of laparoscopic repair in cases of ureteral injuries occurring during gynecological laparoscopy.

Design: Retrospective review of all major gynecological laparoscopic surgeries performed in our center between Feb. 2004 and Nov. 2008. Included were iatrogenic ureteral injuries diagnosed intraoperatively or postoperatively, and cases with deliberate ureteral resection and repair