

Editorial Comment for Ibrahim *et al.*

J. Stuart Wolf, Jr., MD, FACS

THE AUTHORS PRESENT some very useful information regarding the performance of endoureterotomy. The cohort is well studied, with a mean follow-up of 25.7 months, radiographically determined success rates, and a randomized assessment of a surgical intervention. Most failures will be apparent by 2 years; radiographic assessment of outcome is imperative, and randomization minimizes the biases that can be so confounding of retrospectively reviewed case series.

The success rate for strictures less than 1.5 cm in length (with one or two postprocedure stents) was 80%, which is within the range of previous reports. The success rate for strictures greater than 1.5 cm in length (with one post-procedure stent) was 39%, which also is within the range of previous reports. Importantly, the success rate for strictures greater than 1.5 cm in length with two post-procedure stents was 82%. This is a greater success rate than in most other series for long ureteral strictures.

Other authors have reported the technique of double-stent placement after endoscopic management of ureteral strictures (ref. 16–18). Previous authors hypothesized that the two stents sliding relative to one another during ureteral peristalsis prevent scar formation (ref. 17). If this benefit of double-stent placement after endoureterotomy can be confirmed in subsequent trials, then it will extend the utility of endoureterotomy to longer strictures than is currently recommended.

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