Table 1
Size and laterality of uteruslike lesions

Patient age, y	No. of lesions	Lesion size, cm			Bilateral	PCDS obliteration
		<5	5 to <10	≥10		
14	1	0	1	0	0	0
15	1	0	1	0	0	0
16	1	0	1	0	1	0
17	1	0	1	0	1	0
18	4	2	0	2	2	2
19	7	2	4	1	3	2
20	14	6	6	2	6	6
	18	5	13	0	10	7

PCDS = posterior cul-de-sac.

the lesion characterized by a central cavity lined with endometrial- and tubal-type mucosa surrounded by thick bundles of smooth-muscle cells, which was suggested by Cozzutto in 1981 [1]. If this is correct, although we reviewed all 46 cases of women with endometriosis, we could not find ''uterus-like ovarian mass.'' All lesions were typical ovarian endometriotic chocolate cysts. Uterus-like ovarian masses are rare; fewer than 10 cases arising from the ovaries have been reported in the English literature [2]. We found 1 case of uterine didelphys in a 19-year-old woman, but there were no other associated pathologic conditions. Table 1 gives information about the size and laterality of these lesions.

UiNam Ryoo, MD
Dong-Yun Lee, MD
Duk-Soo Bae, MD, PhD
Byung-Koo Yoon, MD, PhD
DooSeok Choi, MD, PhD
Seoul, Korea

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To the Editor:

We read with more than usual interest the article by Hibner et al [1] about pudendal neuralgia because we recently wrote a review of pelvic nerve neuropathy [2] after it was observed in 2 women in whom symptoms developed after surgery using tension-free vaginal tapes.

Our first concern is that the literature seems to have been searched superficially, using as key words only ''Pudendal neuralgia'' and ''Pudendal nerve entrapment,'' disregarding many others such as ''Neuropathy'' and ''Pelvic nerves.'' Moreover, the search seems incomplete because instead of 58, as reported, in PubMed we found 68 citations for ''Pudendal neuralgia'' and 72 for ''Pudendal nerve entrapment.'' Results, therefore, might be biased and selective, because another review as recent as 2008 in the same journal on the same condition was not noted. Our second concern is that the title mentions that it is a ''Review Article,'' and the abstract reads that ''the goal of this article is to present evidence-based information.'' It is surprising what effect adding the key word ''evidence-based'' has on the retrieval of an the article; however, we assume this happened inadvertently. Nonetheless, the article is only a narrative description, possibly incomplete, without any evidence-based approach such as a systematic review or meta-analysis. Rather than providing any evidence-based information, the article is mainly a description of personal opinions and attitudes, without dissemination of any results.

First, we wonder what validation there was for the definition of the diagnosis of pudendal neuropathy being made by ''3 CT-guided blocks of the pudendal nerve.'' We found that the technique had been published in 2005 [3], while Labat et al [4] concluded as recently as 2008 that ''The diagnosis of pudendal neuralgia by pudendal nerve entrapment syndrome is essentially clinical. There are no specific clinical signs or complementary test results of this disease. However, a combination of criteria can be suggestive of the diagnosis.'' Using CT-guided nerve blocks to make the diagnosis might explain the claim of more than 200 cases treated, which is a lot for a disease considered rare. Second, the sequential approach with pharmacotherapy, muscle relaxants, physical therapy, and botulinum toxin A therapy, followed by CT-guided nerve blocks, followed by surgery raises the question of numbers and results after each step. How many women were studied to make 200 diagnoses of pudendal nerve neuropathy? How were they ultimately treated, and what were the results? Is there any evidence that early treatment improves the outcome?

Philippe R. Koninckx, MD, PhD[1,2]
Roberta Corona, MD[1,2]
Carlo de Cicco, MD[2]
Jasper Verguts, MD[1]
Anastasia Ussia, MD[2]
[1]*University Hospitals Leuven, Leuven Belgium*
[2]*Gruppo Italo Belga, Rome Italy*

Editor's Note: Dr. Hibner declined a response.

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