AIM: The possibility of treating lesions of the colon by laparoscopic surgery dates back to the early 90s. In spite of the remarkable spread of the techniques in the last 10 years, are there still some problems related to the laparoscopic approach of malignant lesions of the colon: does it increase the risk of metastasis spread? which are the real advantages for the patient? does it increase the costs and are the benefits comparable? The authors present their experience on the resection of the sigmoid by laparoscopic approach. METHODS: From September 1998 to August 2002, in the General Surgery Unit and Center of Laparoscopic Surgery of the Monaldi Hospital in Naples, 193 laparoscopic resections of the colon-rectum have been performed, which of 101 were resections of the sigmoid for benign and malignant pathologies. The patients were 54 males and 47 females, with an age range between 34 and 86 years. RESULTS: The average operating time has been of 130 minutes (range 80-210). The average post-operative stay in hospital has been of 10.2 days (range 6-25). Three conversions in the first 30 cases have been necessary; the transit resumed within the first 24-48 hours and feeding was possible after 3 days. CONCLUSION: The postoperative follow-up has been achieved in all the patients up to 3-6 months, in 60 patients up to 2 years and in 35 patients up to 3 years. Two ventral hernias in the site of the supra-pubic incision, 1 metastasis on Trocar site, 2 local relapses and 1 parietal metastasis have been observed. The laparoscopic resection of the colon, either for malignant or for benign disease, can be performed with acceptable morbidity and mortality.