
LESS RADICAL FERTILITY SPARING SURGERY THAN RADICAL TRACHELECTOMY IN EARLY CERVICAL CANCER

Marek Pluta¹, Lukáš Rob¹, Martin Charvát¹, Helena Robová¹, Pavel Strnad¹, Martin Hrehorčák¹, Michael J. Halaška¹, Petr Škapa²

¹Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Charles University Prague, 2nd Medical Faculty, Prague, Czech Republic

²Department of Pathological Anatomy and Molecular Medicine, Charles University Prague, 2nd Medical Faculty, Prague, Czech Republic

Address for correspondence: M. Pluta, University Hospital Motol, 2nd Medical Faculty, Charles University, V úvalu 84, 150 18 Prague 5, Czech Republic. E-mail: marek.pluta@lfmotol.cuni.cz

Summary

Objective: The purpose of this study was to determine the feasibility and safety of a novel and less radical fertility preserving surgery; laparoscopic lymphadenectomy with sentinel lymph node identification (SLNI) followed by large cone or simple trachelectomy. Obstetrical and oncological outcomes were evaluated.

Material and Methods: Forty patients (3-IA1, 10-IA2, 27-IB1), selected on the basis of favourable cervical tumour characteristics and the desire to maintain fertility underwent laparoscopic SLNI, frozen section (FS) and a complete pelvic lymphadenectomy as the first step of treatment. All of the nodes were submitted for microscopic evaluation (sentinel nodes for ultramicrostaging). After a seven-day interval, large cone or simple vaginal trachelectomy was performed in patients with negative nodes.

Results: Finally we saved fertility in 32 women. The average of the sentinel nodes per side was 1.50 and the average of the total nodes was 27.8. Six FS were positive (15.0%). In these cases Wertheim radical hysterectomy type III was immediately performed. There were no false negative SLN results. Median follow-up was 46 months (12–102). One central recurrence (isthmic part of the uterus) was observed 14 months after surgery. This patient was treated with radical chemoradiotherapy and there was no evidence of the disease 36 months after treatment. One patient in follow up had HG SIL/HPV HR positive – patient decided for hysterectomy. 24 women planed pregnancy, we had 23 pregnancies in 17 women; we had 12 children (1 in 24 weeks, 1 in 34 weeks, 1 in 36 weeks and 9 between 37 to 39 weeks).

Conclusions: Lymphatic mapping and SLNI improves safety in this fertility sparing surgery. Large cone or simple trachelectomy

combined with laparoscopic pelvic lymphadenectomy can be a feasible method with a high successful pregnancy rate.

Key words: simple trachelectomy, sentinel lymph node, cervical cancer, fertility sparing surgery

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