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CLINICAL CASE

Laparoscopic radical trachelectomy for preservation of fertility in early cervical cancer. A case report[☆]



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KEYWORDS

Radical
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Abstract

Background: Radical hysterectomy is the standard treatment for patients with early-stage cervical cancer. However, for women who wish to preserve fertility, radical trachelectomy is a safe and viable option.

Objective: To present the first case of laparoscopic radical trachelectomy performed in the National Cancer Institute, and published in Mexico.

Clinical case: Patient, 34 years old, gravid 1, caesarean 1, stage IB1 cervical cancer, squamous, wishing to preserve fertility. She underwent a laparoscopic radical trachelectomy and bilateral dissection of the pelvic lymph nodes. Operation time was 330 min, and the estimated blood loss was 100 ml. There were no intraoperative or postoperative complications. The final pathology reported a tumour of 15 mm with infiltration of 7 mm, surgical margins without injury, and pelvic nodes without tumour. After a 12 month follow-up, the patient is having regular periods, but has not yet tried to get pregnant. No evidence of recurrence.

Conclusions: Laparoscopic radical trachelectomy and bilateral pelvic lymphadenectomy is a safe alternative in young patients who wish to preserve fertility with early stage cervical cancer.

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PALABRAS CLAVE

Traquelectomía radical;
Preservación de la fertilidad;
Cáncer de cérvix

Traquelectomía radical laparoscópica para preservación de la fertilidad en cáncer de cérvix etapa temprana. Reporte de un caso

Resumen

Antecedentes: La histerectomía radical es el tratamiento estándar para los pacientes con cáncer de cérvix en etapa temprana; sin embargo, para las mujeres que desean preservar la fertilidad, la traquelectomía radical es una opción segura y viable.

Objetivo: Presentar el primer caso de una traquelectomía radical por laparoscopia, realizada en el Instituto Nacional de Cancerología y publicado en México.

Caso clínico: Paciente de 34 años, una gestación y una cesárea, con cáncer de cérvix etapa IB1, epidermoide, que deseaba preservar la fertilidad. Se sometió a una traquelectomía radical laparoscópica y a disección bilateral de los ganglios linfáticos pélvicos. El tiempo operatorio fue de 330 min, y la pérdida de sangre estimada fue 100 ml; no se presentaron complicaciones intra o postoperatorias. La patología final reportó un tumour de 15 × 7 mm de infiltración lo que corresponde a menos del 50% del estroma cervical, los bordes quirúrgicos sin lesión, ganglios pélvicos sin tumour. A 12 meses de seguimiento, la paciente está presentando menstruaciones regulares, pero aún no se ha tratado de embarazar. No hay evidencia de recurrencia.

Conclusiones: La traquelectomía radical laparoscópica con linfadenectomía pélvica bilateral es una alternativa segura en pacientes jóvenes que desean preservar la fertilidad con cáncer de cérvix etapa temprana.

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Background

Cervical cancer is the second most widespread cancer in women in developing countries and the seventh in developed countries.¹ It has been estimated that approximately 500,000 new cases of invasive cancer will be diagnosed throughout the world every year. Due to the effective use of appropriate detection of cervical cancer, many women will be diagnosed at a relatively young age and at an early stage.²

The standard treatment for patients with early-stage cervical cancer (IA2 and IB1) is radical hysterectomy. However, for those women who wish to preserve future fertility, radical trachelectomy is now considered a safe and feasible option.³ The procedure may be performed using a vaginal and/or abdominal approach, with comparable oncologic outcomes.⁴ The first laparoscopic radical trachelectomy was performed by Lee et al.⁵ and since then other researchers have published their experience with this procedure.^{6–16}

Laparoscopic trachelectomy may be performed using a robotic platform whenever available, with few reported cases in literature to date.^{17,18}

We present the case of a patient upon whom laparoscopic radical trachelectomy was performed and we review the outcome of similar procedures published in the literature.

Clinical case

A female patient aged 34, who had had a baby by caesarean section, had been diagnosed with cervical cancer and was assessed for the first time in the National Cancer Institute in March 2013. A physical examination showed a body

mass index of 27.8 kg/m², a cervix of 3 cm diameter with a 2 cm × 2 cm ulcerated and indurated central tumour towards the anterior cervical lip and with no changes to the parametria and vaginal fornix. A biopsy of the cervix reported invasive moderately differentiated epidermoid carcinoma. Stage IB1 (2 cm × 2 cm) cervical cancer was diagnosed. NMR imaging of the pelvis was performed which showed a 6 cm × 6 mm poorly delineated tumour with irregular edges, with heterogeneous enhancement of tumour and no sign of enlarged pelvic lymph nodes, or suspected malignancy (Fig. 1). The patient wished to preserve fertility and was referred for laparoscopic radical trachelectomy and

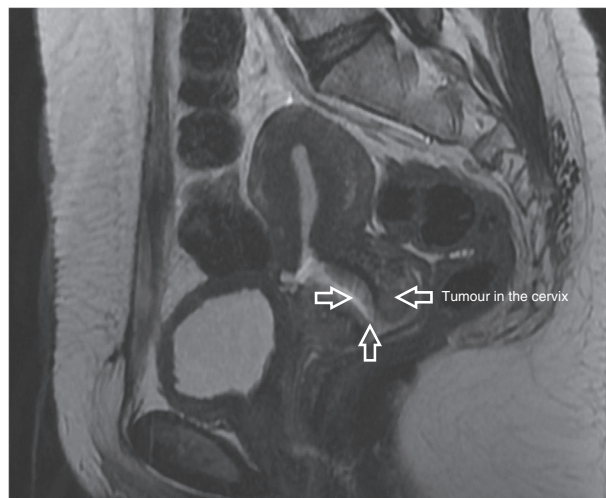


Figure 1 Nuclear magnetic resonance imaging showing uterine cervix tumour (arrows).

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