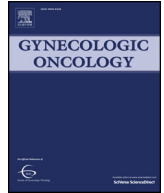




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Review

Surgical, oncological, and obstetrical outcomes after abdominal radical trachelectomy – A systematic literature review

René Pareja^a, Gabriel J. Rendón^a, Carlos Millán Sanz-Lomana^b, Otto Monzón^c, Pedro T. Ramirez^{d,*}^a Department of Gynecologic Oncology, Instituto de Cancerología Las Américas, Medellín, Colombia^b Department of Gynecology, Hospital Quirón, Murcia, Spain^c Department of Gynecologic Oncology, Hospital San José, Popayán, Colombia^d Department of Gynecologic Oncology and Reproductive Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX 77030, USA

HIGHLIGHTS

- Abdominal radical trachelectomy is associated with excellent oncologic outcomes.
- Pregnancy rates are similar to those of vaginal radical trachelectomy.
- Most frequent complication after abdominal radical trachelectomy is cervical stenosis.

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ABSTRACT

Objective. Radical trachelectomy is a standard treatment for selected patients with early-stage cervical cancer. Outcomes are well established for vaginal radical trachelectomy (VRT), but not for abdominal radical trachelectomy (ART).

Methods. We searched MEDLINE, EMBASE, and CINAHL (October 1997 through October 2012) using the terms: *uterine cervix neoplasms, cervical cancer, abdominal radical trachelectomy, vaginal radical trachelectomy, fertility sparing, and fertility preservation.* We included original articles, case series, and case reports. Excluded were review articles, articles with duplicate patient information, and articles not in English.

Results. We identified 485 patients. Ages ranged from 6 to 44 years. The most common stage was IB1 (331/464; 71%), and the most common histologic subtype was squamous cell carcinoma (330/470; 70%). Operative times ranged from 110 to 586 min. Blood loss ranged from 50 to 5568 mL. Three intraoperative complications were reported. Forty-seven patients (10%) had conversion to radical hysterectomy. One hundred fifty-five patients (35%) had a postoperative complication. The most frequent postoperative complication was cervical stenosis (n = 42; 9.5%). The median follow-up time was 31.6 months (range, 1–124). Sixteen patients (3.8%) had disease recurrence. Two patients (0.4%) died of disease. A total of 413 patients (85%) were able to maintain their fertility. A total of 113 patients (38%) attempted to get pregnant, and 67 of them (59.3%) were able to conceive.

Conclusion. ART is a safe treatment option in patients with early-stage cervical cancer interested in preserving fertility.

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Conflict of interest statement	0
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* Corresponding author at: Department of Gynecologic Oncology, Unit 1362, The University of Texas MD Anderson Cancer Center, 1515 Holcombe Blvd., Houston, TX 77030, USA. Fax: +1 713 792 7586.

E-mail address: peramire@mdanderson.org (P.T. Ramirez).

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Introduction

The standard recommendation for the treatment of patients with early-stage cervical cancer (stages IA2–IB1) is radical hysterectomy or, for those interested in preserving fertility, radical trachelectomy [1].

In 1994, Dargent et al. [2] were the first to report on the utility of vaginal radical trachelectomy (VRT) with laparoscopic lymph node dissection for the treatment of early-stage cervical cancer. Since that time, more than 900 cases of VRT have been reported, establishing the obstetrical and oncological outcomes of this procedure [3–11]. Radical trachelectomy can also be done entirely laparoscopically [12,13] or by robotic approach [14–16], but for these approaches, the number of reported cases is low and the follow-up times are too short to permit conclusions regarding the procedures' safety.

In 1997, Smith et al. published the first report of abdominal radical trachelectomy (ART) [17]. Since then, several authors have reported on the safety and feasibility of this procedure [16,18–45]. The advantages of ART include the reproducibility of the technique, the fact that the procedure can be performed without training in radical vaginal surgery and requires no laparoscopic equipment, and the wider parametrial resection than can be achieved with abdominal radical trachelectomy. However, the oncological and obstetrical outcomes of ART are not well established. The aim of this review was to evaluate the surgical, oncological, and obstetrical outcomes of all reported cases of ART.

Methods

We performed a systematic review of the English-language literature on fertility-sparing surgery in patients with cancer of the

uterine cervix. The MEDLINE, EMBASE, and CINAHL databases were searched for articles published during the period from 1997 through 2012. The terms used in the search were *uterine cervix neoplasms*, *early cervical cancer*, *abdominal radical trachelectomy*, *vaginal radical trachelectomy*, *fertility sparing*, and *fertility preservation*. Reference lists of all articles identified by our searches were reviewed. The inclusion criteria were as follows: articles published in English and articles including information about patient age, histologic subtype, stage, operative time, estimated blood loss, transfusion rates, intra-operative and postoperative complications, number of lymph nodes retrieved, residual disease, adjuvant therapy, follow-up period, obstetrical outcomes, and oncological outcomes. These criteria were used as reference for inclusion; however, noting that in a review article some publications analyzed would either lack specific information or such information would be provided in a limited fashion. We excluded review articles, articles with duplicate patient information, and studies updating series.

Our initial searches identified a total of 46 articles. Two case series were excluded because they contained very limited information. Of the remaining 44 articles, 29 met the inclusion criteria and were included in this review.

The rate of fertility preservation was determined based on the number of patients who were offered a radical trachelectomy and ultimately had the intended procedure. We also analyzed the rate of fertility preservation in patients who underwent a radical trachelectomy by excluding those who required adjuvant therapy. The pregnancy rates were calculated based on a total number of women who were able to conceive out of all patients who retained their fertility. The information was summarized using measures of central

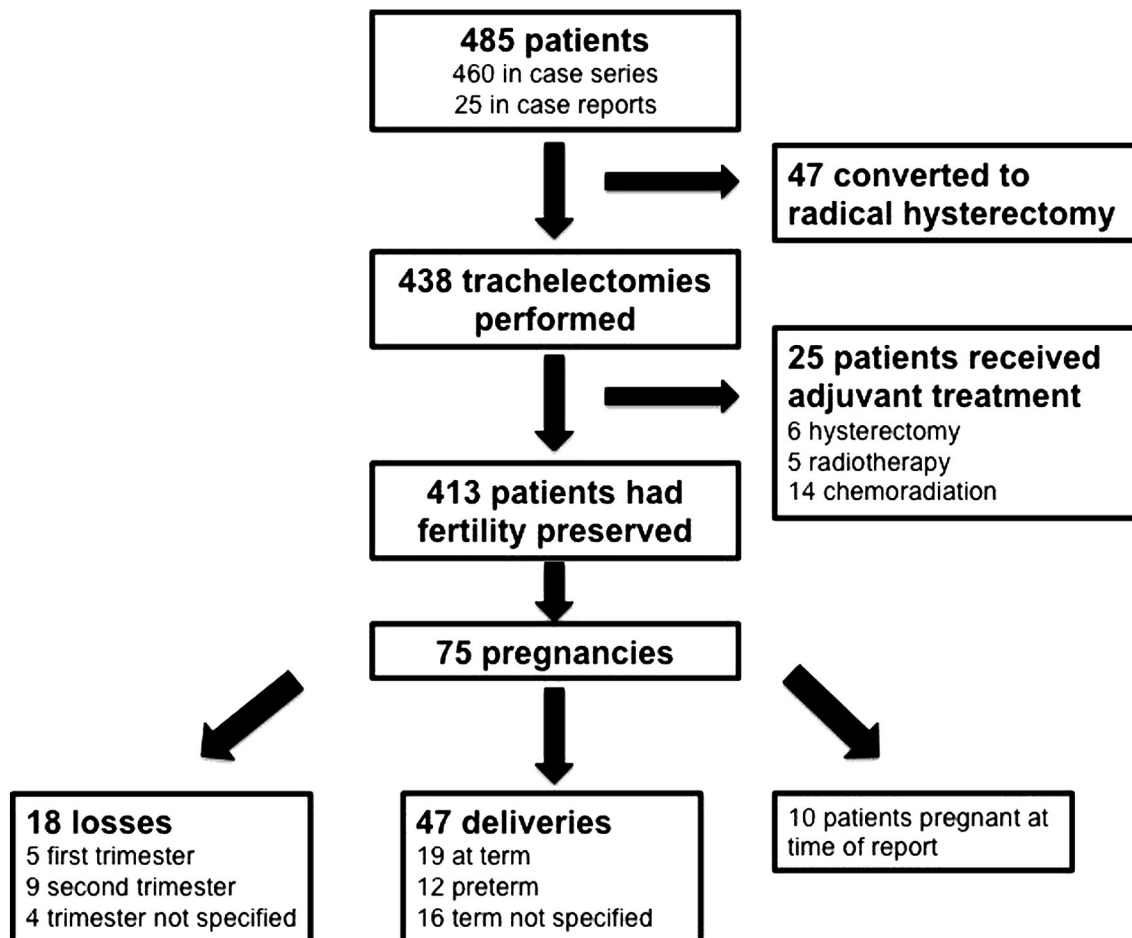


Fig. 1. Abdominal radical trachelectomy outcomes.

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