

EDITORIAL

Conservative Surgery in Cervical Cancer : Hope of Young Patient to Pregnancy

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As you know, cervical cancer is the most common gynecologic cancer in Thailand. The prevalence of new cases in Thailand is more than 6,000 new cases in 2003⁽¹⁾. About half of the patients would died of disease. Although median age at diagnosis of cervical cancer is 52 years old⁽²⁾, nowadays, our Thai people are well educated and delayed marriage. It is estimated that 33% of the cervical cancer patients in Thailand are diagnosed in woman younger than 45 years old. From the data of Siriraj Hospital, the proportion of birth rate was 15% in women 35-44 years of age⁽³⁾. Thus, at gynecologic clinic, you might face with nulliparous ladies with invasive cervical cancer. However, the standard treatment of cervical cancer stage IA2-IB is still radical hysterectomy with bilateral pelvic node dissection. This includes removal of cervix and uterus, radical resection of parametrium and upper vagina, and pelvic lymph node dissection. The nulliparous patients might ask

you whether they can save the “womb”

Concept of radical trachelectomy : fertility sparing surgery for cervical cancer.

The concept of uterine body sparing by abdominal radical trachelectomy for microcarcinoma and carcinoma in situ of uterine cervix was first described in Romania since 1948. However, this abdominal procedure did not initially become popular. More recently, professor Daniel Dargent popularized the fertility sparing procedure for early stage cervical cancer known as radical vaginal trachelectomy. The eligible criteria for radical vaginal trachelectomy are usually for the cervical cancer patient whose tumor size less than 2 cm. and who strongly desire to preserve fertility function. The intent of radical trachelectomy is to resect the cervix, upper 1-2 cm of the vagina, the parametrium, the paracolpium in a similar manner to type III radical hysterectomy but sparing the uterine body⁽⁴⁾ (Fig. 1).

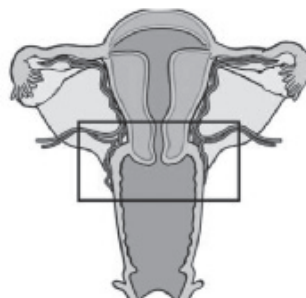


Fig. 1 Diagram showing intent of radical trachelectomy

Radical trachelectomy can be performed via vaginal surgery, exploratory laparotomy or laparoscopic surgery. The open radical abdominal trachelectomy procedure theoretically may result in wider parametrial resection than in radical vaginal trachelectomy. The tumor size that is suitable for radical abdominal trachelectomy may increase to less than 4 cm.

The laparoscopic radical trachelectomy was described in 2005. The advantages of laparoscopy are better cosmetic wound, less pain, less blood loss and less adhesion compared to open technique. In addition, laparoscopic technique gives the chance to preserve ascending branches of uterine arteries by magnification. From our case report in laparoscopic radical trachelectomy⁽⁵⁾, the specimen is adequate (Fig. 2 and 3). Although after short follow up time the patient is uneventful and indicates normal menstruation.

Nowadays, for selected patients interested in future fertility who are diagnosed with cervical cancer, I encourage you to discuss radical trachelectomy to the patients. For chance of fertility preservation the patients might choose to be referred to appropriate gynecologic oncologist.

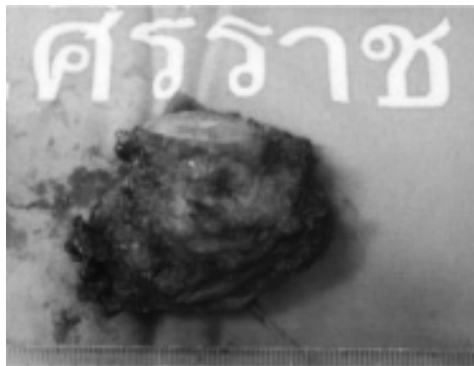


Fig. 2 Radical trachelectomy specimen

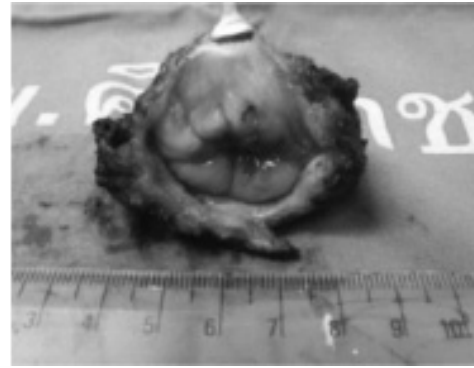


Fig. 3 Radical trachelectomy specimen

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