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## Short term surgical outcome for laparoscopic versus open radical hysterectomy in carci-noma cervix

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Open radical hysterectomy and bilateral pelvic lymph node dissection has been the standard sur gical treatment for early stage cervical cancer for more than 100 years. Laparoscopic radical hys- terectomy is emerging as the new standard. The aim of the study is to compare the short term surgical outcome of laparoscopic versus open radical hysterectomy for carcinoma cervix. Carci-noma cervix patients undergoing radical hysterectomy for stage I and stage IIA at the Depart-ment of Surgical Oncology, Yashoda Hospital, a multispecialty hospital in Secunderabad, Hyde-rabad, Telangana, from June 2013 to February 2016 were included in the study. In conclusion, we found that short-term surgical outcomes after laparoscopic radical hysterectomy were compa-rable to those after open radical hysterectomy in patients with FIGO stage IB1 and IIA1 cervical cancer. Compared with open, laparoscopic radical hysterectomy resulted in favorable surgical outcomes, including reduced blood loss, early return of bowel function, shorter length of hospital stay, lower rates of perioperative complications, early return to normal activities and equivalent surgico-pathological outcome. In FIGO stage IB2 and IIA1 carcinoma cervix patients, the supe-rior short term outcomes revealed by our study, raise laparoscopic radical hysterectomy as the oncologically better option of surgical management over open radical hysterectomy.

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## Sentinel lymph node biopsy in cervical cancer: An update

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Tterine cervical cancer is the second gynaecological cancer worldwide. Its incidence started remarkably dropping in developed countries where it is mostly constituted of early stages that are associated with good prognosis. As a consequence, the major concern is to find ways to improve the quality of life of the affected patients and to limit the considerable iatrogenic morbidities resulting from the treatments provided primarily pelvic lymphadenectomy. Sentinel lymph node biopsy was developed for this aim. Normally a sentinel node corresponds to the first node that drains a solid tumour as such; its status is considered representative of the status of the other draining nodes. The objective of this technique is to perform a selective sentinel lymph node sampling while preserving the remaining lymph nodes in a way to limit the morbidities mostly those related to the lymphatic drainage. It was shown in the literature that the combined isotopic and colorimetric technique with the capacity of pre and intra-operative detection was an applicable strategy with an excellent detection rate and diagnostic value and with minimal false negative results when it comes to bilateral detection. This combined technique also puts into evidence the aberrant drainage territories that are not systematically picked during lymphadenectomies and can be the source for future recurrence. Another advantage to be added to the list is lymph node ultrastaging; this anatomopathological processing is performed over a limited number of nodes and aims at detecting the micrometastases that can be missed on the routine processing performed over lymphadenectomies specimen and that are of major prognostic importance. Concerning the indications, sentinel lymph node biopsy concerns patients with early stage cervical cancer and with small tumour size. Novel methods like fluorescence and SPECT-CT are now being investigated as new strategies of detection aiming at the improvement and implementation of this technique in the daily practice. Core tip: Early stage uterine cervical cancer is associated with a good prognosis, especially in patients without nodal metastases. The management should take into consideration the quality of life of patients by reducing the iatrogenic morbidities related to the treatment. Sentinel lymph node biopsy can solve this drawback. The combined technique proved itself as a feasible strategy with excellent detection rates and diagnostic value.

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