LETTER TO THE EDITOR

Reply to “Pretherapeutic Laparoscopic Paraaortic Staging in Advanced Cervical Cancer—Which Patients Should Be Considered?”

TO THE EDITORS:

Drs. Eichbaum and Sohn raise an important question about the selection of appropriate patients for the staging paraaortic lymphadenectomy, specifically about what imaging studies were performed before surgery to evaluate the extent of disease. We included cases of bulky or locally advanced cervical cancer (International Federation of Gynecology and Obstetrics stages IB2, IIA2, and IIB–IVA) without clinical or imaging evidence of distant spread. Our protocol includes preoperative magnetic resonance imaging (MRI) staging because positron emission tomography–computed tomography (PET-CT) has only recently been introduced in our institution, and it has been performed

only in selected and recent cases of this series. However, all patients underwent preoperative MRI staging to assess local tumor extension, ureteral involvement, presence of pelvic and para-aortic lymphadenopathies, and abdominal extension. None of the patients included in this series was found to have extrapelvic disease by preoperative MRI. Nevertheless, we systematically perform a transperitoneal laparoscopy before extraperitoneal lymphadenectomy to exclude abdominal implants or carcinomatosis, which would contraindicate the procedure, as happened in one of the patients we reported.

Because PET-CT is more accurate in detecting microscopic disease than MRI, we have introduced it in preoperative staging, and we plan to participate in an international multicenter study in which patients with bulky and locally advanced cervical cancer will be randomized to surgical staging versus PET-CT staging.

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