LAPAROSCOPY VERSUS LAPAROTOMY FOR THE MANAGEMENT OF EARLY STAGE CERVICAL CANCER. HOSPITAL DR SOTERO DEL RIO. CHILE

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The treatment of early stage cervical cancer (IA2 to IIA) is surgical. Radical hysterectomy with bilateral pelvic lymphadenectomy is the standard recommendation. During the last 5 years we started a program to introduce the minimal invasive approach for these patients.

Objetives

To compare the feasibility, safety and surgical outcomes between laparoscopic surgery (LHR) and open laparotomy (HR) in early stage cervical cancer

Methods

We performed a retrospective review of patients with early stage cervical cancer treated with radical hysterectomy and pelvic lymphadenectomy between 2013 and 2018 at the department of Obstetric and Gynecology of Hospital Dr Sótero del Río, Santiago de Chile. We analyzed clinicals reports and statistical studies was performed

Results

We had 87 women with cervical cancer and surgical treatment. We performed 2 laparoscopic radical trachelectomies. Four patients were pregnant and had a C-section prior to the RH. Surgery was abandoned in 5 patients with positive pelvic lymph nodes, those patients had a para-aortic lymphadenectomy and four patients had no records.

We included 72 patients for analysis, 47 (65%) had LRH and 25 (35%) had RH. FIGO stage included IA2 (4), IB1 (62), IB2 (3) and IIA1 (3).

Both groups were similar in age (mean 46, range 30 - 74), co-morbidities, histology (adenocarcinoma 29%, squamous 70%, adeno-squamous 1%) and surgical stage. Two patients required conversion from LRH to RH.

There were two ureteral injuries in both groups, 1 bowel injury in the LHR group, and 3 wounds infections and one obturator nerve sections in the RH group.

Characteristic	Open surgery	Laparoscopic surgery
Age	49 (30 -74)	45 (31 – 67)
Body mass index	33 (25 -41)	28 (21 – 42)
Histologic sub type		
Squamus cell carcinoma	15	36
Adenocarcinoma	9	11
Adenosquamus carcinoma	1	
Stage		
IA2	1	3
IB1	20	42
IB2	2	1
IIA1	1	2
Hospital stay (hours)	90	127 ($p=0.009$)
Estimated blood loss (ml)	391	145 ($p=0.025$)
Operative time(min)	231	223
Lymph nodes	17	16

There were no differences between BMI, lymph-nodes counts (17 vs 16) and operative time. No difference in adjuvant treatment (39% in both arms). LRH requires less post-operative analgesia and the post-operative length of stay was shorter than RH ($p=0,009$). The mean estimated blood loss (EBL) was decreased in LRH (145 vs 391 mL, $p=0.025$).

Conclusions:

Laparoscopic radical hysterectomy has similar therapeutic efficacy compare to open radical hysterectomy, however it has more favorable surgical outcomes including less estimated blood loss, faster recovery and shorter hospital stay. Oncologic outcome requires longer follow up