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MODERN ASPECTS OF SURGICAL TREATMENT METHODS FOR CERVICAL CANCER

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Relevance

Cervical cancer is one of the most common malignant neoplasms of the female reproductive system. In the early stages of the disease, satisfactory treatment outcomes can be achieved using radical surgery and combined radiotherapy, with five-year overall survival rates exceeding 93% (Melamed A., 2018). In patients with cervical cancer stages IB2–IIIB, the main treatment modalities currently used—radiotherapy and chemoradiotherapy—allow achieving five-year survival rates ranging from 12% to 75% (de Foucher T. et al., 2019). Surgery for locally advanced cervical cancer remains one of the unresolved problems in gynecologic oncology. The technical complexity of operations following neoadjuvant chemotherapy gives rise to discussions regarding the necessity of their use (Ramirez P.T. et al., 2018; Berlev I.V., 2015). Endovideosurgical procedures in such patients are performed only by a limited number of authors, and the treatment outcomes remain insufficiently studied. Thus, existing studies have not yet identified clear advantages of any particular approach to the comprehensive treatment of patients with cervical cancer stages IB2–IIIB. The conditions for performing radical surgery and the feasibility of using video-endoscopic technologies have not been clearly defined. There are no randomized studies evaluating long-term outcomes in patients with cervical cancer stages IB2–IIIB treated with neoadjuvant chemotherapy followed by radical surgery. All of the above indicates that the treatment of patients with cervical cancer stages IB2–IIIB represents an important problem in gynecologic oncology, and the study of the effectiveness of various comprehensive treatment options for these patients is relevant and timely.

Aim of the study: To analyze the results of laparoscopic hysterectomy with lymphadenectomy.

Materials and Methods. A retrospective comparative analysis of medical records was performed in 16 cases of laparoscopic hysterectomy with adnexectomy and lymphadenectomy and 16 cases of conventional open (laparotomic) hysterectomy with adnexectomy and lymph node dissection. All patients had stage IB–IIA (T1b–IIA, NxM0) cervical cancer and were treated at the Samarkand Regional Branch of the Republican Specialized Scientific and Practical Medical Center of Oncology and Radiology from

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2019 to 2023. Patients who underwent laparoscopic surgery received a preoperative PET/CT examination.

Results. When comparing conventional open extended hysterectomy with adnexectomy and lymph node dissection to the minimally invasive surgical approach—laparoscopic extended hysterectomy with lymphadenectomy—the following findings were observed. After conventional laparotomy with extended hysterectomy, adnexectomy, and lymph node dissection, postoperative complications were noted in 16–20% of cases. These included injury to adjacent pelvic organs, lymphorrhea, lymphoceles, postoperative adhesive disease of the abdominal cavity and pelvis, ureteral strictures due to adhesions, and cysto- and rectovaginal fistulas, which delay the initiation of adjuvant chemoradiotherapy. In addition, postoperative rehabilitation was prolonged up to 40 days.

In laparoscopic hysterectomy with or without adnexectomy and lymphadenectomy, only metastatically involved lymph nodes (according to PET/CT findings) were removed. In each case, the extent of the required surgical intervention was determined individually, meaning that only affected lymph nodes were excised in order to achieve optimal results with minimal consequences. Based on PET/CT assessment, lymphadenectomy was performed individually for each patient, with removal limited to metastatic lymph nodes. PET/CT was also used to evaluate the status of locoregional lymph nodes of the cervix. A radiopharmaceutical uptake activity greater than 3 and invasion depth exceeding 5 mm were considered indicative of metastatic lymph node involvement.

Conclusion. The use of minimally invasive surgery in gynecologic oncology not only improves survival outcomes but also reduces socio-economic costs. Compared with traditional laparotomy, the advantages include lower surgical trauma, shorter hospital stay, reduced rehabilitation period, and earlier initiation of the subsequent stage of treatment (combined radiotherapy or chemotherapy).