

Original Article



Oncologic effectiveness of nerve-sparing radical hysterectomy in cervical cancer

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OPEN ACCESS

Received: Aug 11, 2017

Revised: Dec 28, 2017

Accepted: Jan 31, 2018

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Conflict of Interest

No potential conflict of interest relevant to this
article was reported.

ABSTRACT

Objective: Nerve-sparing radical hysterectomy (NSRH) was introduced with the aim to reduce pelvic dysfunctions related to conventional radical hysterectomy (RH). Here, we sought to assess the effectiveness and safety of NSRH in a relatively large number of the patients of cervical cancer (CC) patients undergoing either primary surgery or neoadjuvant chemotherapy (NACT) followed by surgery.

Methods: Outcomes of consecutive patients undergoing NSRH and of a historical cohort of patients undergoing conventional RH were retrospectively reviewed.

Results: This study included 325 (49.8%) and 327 (50.2%) undergoing NSRH and RH, respectively. Via a multivariable model, nodal status was the only factor predicting for DFS (hazard ratio [HR]=2.09; 95% confidence interval [CI]=1.17–3.73; p=0.01). A trend towards high risk of recurrence was observed for patients affected by locally advanced cervical cancer (LACC) undergoing NACT followed by surgery (HR=2.57; 95% CI=0.95–6.96; p=0.06). Type of surgical procedures (NSRH vs. RH) did not influence risk of recurrence (p=0.47). Similarly, we observed that the execution of NSRH rather than RH had not a detrimental effect on OS (HR=1.19; 95% CI=0.16–9.01; p=0.87). Via multivariable model, no factor directly correlated with OS. No difference in early complication rates was observed between the study groups. Conversely, a significant higher number of late complications was reported in RH versus NSRH groups (p=0.02).

Conclusions: Our data suggested that NSRH upholds effectiveness of conventional RH, without increasing recurrence and complication rates but improving pelvic dysfunction rates.

Keywords: Uterine Cervical Neoplasms; Complications; Hysterectomy; Surgery; Survival

INTRODUCTION

Cervical cancer (CC) is currently the fourth most common malignant disease of women worldwide; according to GLOBOCAN series of the International Agency for Research on Cancer, an estimated 560,505 new cases of CC were diagnosed in 2012, and approximately 285,000 deaths due to this type of tumor were recorded during the same period [1].

