Laparoscopy-assisted transvaginal total exenteration for locally advanced cervical cancer with bladder invasion after radiotherapy

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摘要

Abstract

When invasive cervical cancer involves the urinary bladder or rectum, exenteration can be curative treatment. However, this operation, particularly by an open approach, carries significant morbidity, both physically and psychologically. Laparoscopic surgery has been documented to be a reasonable alternative to the open counterpart for a variety of pelvic operative procedures, including such advanced procedures as laparoscopy-assisted vaginal hysterectomy, total laparoscopic hysterectomy, and laparoscopy radical hysterectomy. With improving surgical technology and increasing surgical experience, exenteration is a logical extension of current laparoscopic practice. However, it raises skepticism regarding the feasibility and justification for the complicated surgery. We herein describe our experience in a patient undergoing total exenteration assisted by laparoscopic technology for advanced recurrent cervical cancer after extensive radiotherapy. Transperitoneal laparoscopic total exenteration with ureterosigmoidstomy and end-sigmoidostomy was accomplished in 6 hours. The whole specimen was removed en bloc transvaginally. The patient tolerated the procedure well. The only complication was a wound infection 50 days postoperatively that was controlled with debridement and antibiotics. No episodes of pyelonephritis occurred. After 1 year of follow-up, the patient is free of cancer by imaging studies and lives without associated morbidity of this extensive palliative operation except the care of the sigmoid colostomy.