

Editorial

A delicate surgical method for cancer treatment is welcome

In the last issue (volume 51, number 1, pp. 55–59), Tseng and colleagues [1] published a very useful article entitled “A prospective study of nerve-sparing radical hysterectomy for uterine cervical carcinoma in Taiwan,” and concluded that nerve-sparing radical hysterectomy can reduce postoperative bladder dysfunctions.

There is no doubt that, with the continuing improvements in radiotherapy and anti-neoplastic therapy, overly destructive surgery for cancers has been rarely performed recently [2,3]. In other words, the choice of surgery at this time might be based on the surgical method being a less traumatic and less invasive approach and one that leads to a rapid recovery, better cosmetic results, and a better quality of life, and also offers similar therapeutic effectiveness and does not impair long-term survival [4–6]. Dr Tseng’s report highlighted that this dream might have come true, since the use of this much more delicate approach—nerve-sparing radical hysterectomy—seemed to lead to a better postoperative urinary recovery compared with conventional radical hysterectomy [7,8]. The data showed that none of the patients undergoing nerve-sparing radical hysterectomy had severe urinary complications, such as urinary incontinence or urinary retention, and that long-term catheterization was not necessary, because the duration of spontaneous voiding was significantly shorter with this method (only one-third of the usual duration). The other urinary symptoms, including voiding difficulty, dysuria, nocturia, frequency, and/or urgency symptoms, were significantly less frequent as a result [1]. Although Dr Tseng’s report focused on the advantages with regard to urinary bladder function when the patients were treated with nerve-sparing radical hysterectomy, bowel function was not evaluated in this study. However, it is reasonable to suppose that bowel function was also better in the nerve-sparing radical hysterectomy group. In fact, a recent study by Ceccaroni and colleagues [7] showed that patients treated with conventional radical hysterectomy not only had a higher percentage of urinary dysfunction, such as incontinence or retention, but also had a much greater risk of fecal incontinence and constipation. In addition, patients had a high rate of severe sexual dysfunction after radical hysterectomy, compared with nerve-sparing radical hysterectomy. The overall quality of life was more satisfactory after nerve-sparing radical hysterectomy.

However, there was a question as to whether the safe margin (width of the parametrium or paracervical tissue) might not be large enough with nerve-sparing radical hysterectomy, compared with conventional radical hysterectomy [8,9]. One study showed that the width of the resected parametria was really less in the nerve-sparing radical hysterectomy group, although the width of the vaginal cuff was similar [10]. By contrast, another study evaluated the histopathology and clinical outcome of autonomic nerve trauma and vessel removal within the cardinal ligament during nerve-sparing radical hysterectomy compared with conventional radical hysterectomy, and concluded that nerve-sparing radical hysterectomy decreases iatrogenic injury, which leads to reduced postoperative comorbidities with the same degree of radicality. The volume density of blood and lymphatic vessels was the same in both groups, but the volume density of both sympathetic and parasympathetic nerve markers was greater in the conventional radical hysterectomy group [11].

In fact, ultraradical/extensive surgery in the management of various kinds of cancers has been rechallenged recently. For example, a 20-year follow-up of the European Organization for Research and Treatment of Cancer trials showed that there was no significant difference in survival between breast-conserving therapy and modified radical mastectomy in tumors 5 cm or smaller and axillary node negative or positive disease, although modified radical mastectomy might have better local control, suggesting that breast-conserving therapy, including radiotherapy, offered as standard care to patients with early-stage breast cancer seems to be justified [12].

Although surgery of the primary tumor and groin remains the treatment of choice in vulvar cancer [13,14], the recent trend has strongly shifted toward a less radical approach in the early stage of the disease, with wide local excision with plastic reconstruction and the sentinel node technique used in place of complete vulvectomy and complete groin dissections in node negative patients, to avoid unnecessary morbidity [15].

Based on the above-mentioned factors, we congratulate Dr Tseng’s success in the use of a much more delicate procedure—nerve-sparing radical hysterectomy—in the management of cervical cancers; their team has provided an alternative choice for patients with cervical cancers, although long-term survival has not been mentioned in this study.

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