

Intra-Abdominal Sarcoma Spread Risk due to Morcellation in Minimal-Invasive Myoma Surgery

Editorial

De Wilde RL<sup>1</sup>, Bojahr B<sup>2</sup>

<sup>1</sup> Professor and Head of Department, Executive Board of the European Society of Gynecological Endoscopy, Clinic of Gynecology, Pius-Hospital Oldenburg, Germany.

<sup>2</sup> Head of Gynaecology, Clinic for Minimal Invasive Surgery, 14129 Berlin-Zehlendorf, Germany.

**\*Corresponding Author:**

Rudy Leon De Wilde, MD, PhD.

Professor and Head of Department, Executive Board of the European Society of Gynecological Endoscopy, Clinic of Gynecology, Georgstraße 12, 26121, Pius-Hospital Oldenburg, Germany.

Tel: +494412291501

Fax: +494412291525

E-mail: rudy-leon.dewilde@pius-hospital.de

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After a warning of the Society of Gynecologic Oncology (SGO) in December 2013, concerning the possible increase of disseminating tumor cells during intercorporal morcellation, the LANCET ONCOLOGY published an editorial in February 2014 stating that the patient safety must be a priority in all aspects of care [1].

In April 2014 the food and drug administration (FDA) discouraged the use of laparoscopic morcellation in minimal-invasive hysterectomy or myoma surgery (MIS) [2].

The American Association of Gynecological Laparoscopists [3] and the European Society of Gynecological Endoscopy [4] stated the importance of further evaluation and the necessity of scientific data-based studies before final conclusions could be taken.

As the results of prospective, register-based studies can take several years to be generated, we performed a retrospective *single-*

*center* evaluation of 10,731 uterine morcellations, being the *biggest series ever*, which data will be published soon. Out of the 10,731 intra-abdominal uterine morcellations in laparoscopic hysterectomy, 81.3 % showed myomata; in those 8,720 six patients histologically showed to have a leiomyosarcoma ( $\geq 10$  mitoses per high power field). After secondary oncological surgery and a follow-up of  $\geq 2$  years, five women were cured; one patient died due to diffuse intra-abdominal sarcoma spread.

Sarcomata are well known to be highly aggressive independently of the surgery performed and the concomitant adjuvant radio- or chemotherapy. MIS in myoma-induced disease is saving many surgical deaths every year that would occur if all operative entries would be switched to laparotomy [5].

Patients should be informed of the uterine tissue morcellation risk before MIS and given the opportunity to independently decide if they prefer the alternative laparotomic route. Because of the high benefits of MIS in reducing surgically-induced morbidity and mortality, as well as the very low risk of intra-abdominal sarcoma spreading during morcellation (see above), further register-based prospective studies should be taken into account before changing a world-wide adopted surgical practice, applied millions of times every year.

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