



Original article

Importance of Pelvic and Lumboaortic Lymphadenectomy in the Surgical Staging of Endometrial Cancer

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ABSTRACT

We report 40 patients with endometrial cancer without clinical evidence of extrauterine dissemination, treated in the Gynecological Oncology Unit of the Carabineros Hospital between January 1992 and January 2001, who underwent surgical staging as primary treatment. Pelvic and lumboaortic lymphadenectomy plus total hysterectomy, bilateral adnexectomy, omentectomy and peritoneal cytology were performed in 16 patients (40%). This group was classified as having complete surgical staging (CST). In 24 patients (60%) only partial dissection of the retroperitoneal lymph nodes was performed, or it was not performed, classifying this group as having incomplete surgical staging (IQS). Three patients (18.75%) received postoperative radiotherapy in the EQC group and 13 patients (54.17%) in the EQI group ($p < 0.05$). The total group had an overall survival of 75% and a disease-free survival of 72.5%, with a median follow-up of 38.5 months. Overall survival was 87.5% and 66.7% for the group with EQC and EQI respectively (p NS). Survival without evidence of disease was 87.5% and EQI 62.5% for the group with EQC and EQI respectively ($p < 0.05$). Survival without evidence of disease was 77.8% and 30% for the subgroups with high-risk surgical-pathological factors undergoing EQC and EQI respectively ($p < 0.05$). Survival without evidence of disease was 60% and 0 for the subgroups with extrauterine disease undergoing EQC and EQI respectively ($p < 0.025$). Survival without evidence of disease was 33% and 0 for the subgroups with lymph node metastases undergoing CCE and CSE, respectively ($p < 0.025$). Conclusion: Pelvic and lumboaortic lymphadenectomy as an essential component of primary surgical staging in endometrial cancer would be beneficial for the patient as it is associated with less need for postoperative radiotherapy and better survival.

Keywords: Endometrial cancer ; lymphadenectomy

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