The incidence and risk factors of lower-extremity lymphedema following radical surgery with or without adjuvant radiotherapy in patients with FIGO stage I-IIa cervical cancer

Jin Hwi Kim, MD1,2, Ji Hyang Choi, MD2, Eun Young Ki, MD3, Sung Jong Lee, MD, PhD1, Joo Hee Yoon, MD, PhD1, Keun Ho Lee, MD, PhD4, Tae Chul Park, MD, PhD4, Jong Sup Park, MD, PhD1, Seog Nyeon Bae, MD, PhD1, Soo Young Hur, MD, PhD1

1Department of Obstetrics Gynecology, School of Medicine, Catholic University, Seoul, Korea and 2Department of Obstetrics Gynecology, Seoul Medical Center, Seoul, Korea

목적: This study aimed to determine the incidence and risk factors of lower-extremity lymphedema (LEL) in women who had radical surgery with or without adjuvant radiotherapy for FIGO stage I-IIa cervical cancer.

방법: The medical records were reviewed retrospectively on patients with histologically confirmed FIGO stage I-IIa cervical cancer. LEL related to medical problems such as peripheral vascular disease, congestive heart failure or chronic renal disease were excluded. A logistic regression analysis was used to examine the relationship between variable clinical characteristics and development of LEL.

결과: A total of 707 patients were evaluated. Among them, we excluded 92 patients who received radiotherapy as the initial therapy and 19 patients with LEL related to medical problems. Seventy-five patients (12.6%) developed LEL. The incidence were significantly high in patients with adjuvant radiotherapy (odds ratio: 3.47; 95% CI: 2.086-5.788; \( p = 0.000 \)). 78.7% of the LEL were developed within 3 years after initial treatment.

결론: Adjuvant radiotherapy was significantly associated with development of LEL in women who had radical surgery with lymphadenectomy for FIGO stage I-IIa cervical cancer. The possibility for the occurrence of LEL must be fully explained prior to the treatment and the appropriate education to prevent LEL must be made. Further prospective studies are needed to confirm the incidence and risk factors of LEL.

The impact of tumor morcellation during surgery on the outcomes of patients with apparently early low grade endometrial stromal sarcoma

Jeong-Yeol Park1, Dae-Yeon Kim, Jong-Hyeok Kim, Yong-Man Kim, Young-Tak Kim, Joo-Hyun Nam

Department of Obstetrics and Gynecology, University of Ulsan College of Medicine, Asan Medical Center

목적: To evaluate the impact of tumor morcellation on the outcomes of patients with apparently early low grade endometrial stromal sarcoma (LGESS).

방법: Outcomes were retrospectively compared between patients with apparently early LGESS who did not (Group A, \( n = 27 \)) or did (Group B, \( n = 23 \)) undergo tumor morcellation.

결과: There were no between-group differences in age, menopausal status, parity, body mass index, and preoperative presumptive diagnosis, nor were there between-group differences in tumor stage, tumor size, myometrial invasion, lymphovascular space invasion, frequency of ovarian preservation, adjuvant therapy, or follow-up time. More patients in Group A underwent lymph node dissection (51.9% vs. 21.7%, \( p = 0.029 \)). Only one patient in each group had distant recurrence. Two (7.4%) patients in Group A and 7 (31.4%) in Group B had abdomino-pelvic recurrence. The risk of abdomino-pelvic recurrence was significantly higher in Group A than in Group B (odds ratio [OR], 5.47; 95% confidence interval [CI], 1.04-29.70; \( p = 0.035 \)). The 5-year disease-free survival (DFS) rates were 84% for Group A and 55% for Group B (\( p = 0.028 \)) and the 5-year abdomino-pelvic DFS rates were 89% and 58% (\( p = 0.023 \)), respectively. Multivariate analysis showed that tumor morcellation were significantly associated with poorer DFS (OR, 4.03; 95% CI, 1.06-15.30; \( p = 0.040 \)) and abdomino-pelvic DFS (OR, 5.06; 95% CI, 1.02-25.04; \( p = 0.047 \)).

결론: Inadvertent tumor morcellation during surgery has an adverse impact on the outcomes of patients with early LGESS.