

Tough Decisions in the Appropriate Surgical Approach of Endometrial Cancer †

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Abstract: Endometrial cancer is the most common gynecologic malignancy worldwide, accounting for 5% of all cancers and 2% of cancer-related deaths in women. The primary surgical procedures for patients with endometrial cancer include total hysterectomy and bilateral salpingo-oophorectomy with clinical and pathologic assessment of the regional lymph nodes. Identification of metastatic lymph nodes is a crucial determinant for the prognosis, recurrence, and further adjuvant treatment. The question of whether or not to perform systematic lymphadenectomy and para-aortic lymphadenectomy remains controversial because of the inability to predict those patients who would benefit from node resection. Complete pelvic and para-aortic lymphadenectomy may increase morbidity by producing surgical complications such as lymph cysts, lymphedema, bleeding, ileus, urologic and vascular injury. To minimize these risks, some centers recommend performing lymphadenectomy only on high-risk patients. In an effort to avoid systematic lymphadenectomy, the sentinel lymph node concept has been applied in endometrial cancer. Sentinel lymph node mapping is an accurate alternative to systemic lymphadenectomy for determining the nodal spread in early-stage endometrial cancer and its cost-effective strategy for managing low-risk endometrial cancer.

Keywords: endometrial cancer; sentinel lymph node; cancer management.

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Conflicts of Interest

The authors declare no conflict of interest.