FERTILITY SPARING ABDOMINAL RADICAL TRACHELECTOMY
N. Ioanid¹, R. Vieriu¹, C. Croitoru¹, A.M. Todosi¹, V. Scripcariu¹, C. Terinte³, D. Ferariu³, B. Doroftei³
¹Regional Institute of Oncology Iasi, 1st Dept of Oncologic Surgery
²Regional Institute of Oncology Iasi, Dept of Pathology
³Clinical Hospital of Obstetrics and Gynecology, 2nd Clinic of Ob. Gyn.

The abdominal radical trachelectomy is one of the available fertility-sparing techniques in the treatment of early-stage cervical cancer. A radical abdominal trachelectomy allows for the adjustment of radicality of the parametrial resection according to prognostic factors and is not limited by distorted cervicovaginal anatomy. The key limitation for the procedure remains the cranial extent of the tumor towards the internal cervical os. In the last 2 years, our team has performed 8 radical abdominal trachelectomies. The procedure follows the steps of the standard radical hysterectomy. The access to the lateral parametria is opened by dissection of the uterine artery. The body of the uterus is separated at the level of at least 1 cm below the internal os (the most delicate step of the procedure carrying a significant impact on future fertility; magnetic resonance imaging or ultrasonography precise description of the tumor's cranial extent should be taken into consideration). The upper part of the cervical stump is then cut and sent for frozen section evaluation. A negative frozen-section biopsy from the upper margin (endocervical) of the cervical stump is required for preservation of the uterine body. We did not use permanent cerclage (which is applied before suturing the uterine body onto the vaginal stump), for all the patients. The uterus is sutured to the upper vagina using absorbable continuous suture.