The range of lymphadenectomy with and without fertility-preserving option of radical surgery performed due to gynecological malignancies

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Improving the long-term survival rates in patients with advanced ovarian cancer requires complex treatment including cytoreductive surgery (CRS). Regarding the recent studies, when the cytoreduction less than 1 cm is achieved, the patient preserves the benefit from systemic lymphadenectomy. Many studies revealed that the lymph node metastases in ovarian cancer are located mainly in paraaortic lymph nodes, furthermore in cervical carcinoma almost 15% of lymph node metastases are localized in paraaortic lymph nodes. Fertility preserving surgery can be performed only at early stages of these cancers and paraaortic lymphadenectomy in these cases is required. The lecture presents and discusses the review of the current literature in this subject and the data from fertility preserving surgery, and complete cytoreductive surgery performed in Gynecol Oncol Dept in Lukaszczyk Oncological Center in Bydgoszcz. The required range of the systemic lymphadenectomy will be presented and discussed in both early and advanced stages of cancer.