



Risk factors, microbiology, and management of infected lymphocyst after lymphadenectomy for gynecologic malignancies: letter to the editor

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Dear Respectable Editor,

We read the article conducted by Ma et al, about the risk factors, microbiology and management of infected lymphocyst after lymphadenectomy for gynecologic malignancies, published in the *Archives of Gynecology and Obstetrics* (<https://doi.org/10.1007/s00404-018-4914-2>), with great interest. Ma et al, stated that the retroperitoneal lymphadenectomy is a main component of staging and debulking surgery for gynecological malignancies including endometrial, ovarian and cervical cancers [1].

Ma et al, mentioned that the extent of lymph nodes dissection and the number of lymph nodes removed has been proved to increase the incidence of symptomatic lymphocyles and they found that the infected lymphocysts were more frequently found in patients with combined pelvic and para

aortic lymphadenectomy, higher number of resected pelvic lymph nodes [1].

In addition; Selman et al, stated that although the lymph node status is a key determinate in staging, prognosis and adjuvant treatment of endometrial cancer, but the associated additional morbidity with lymphadenectomy makes its role controversial [2].

Medical Research Council of ASTEC trial (a study in the treatment of endometrial cancer), suggested that there was no benefit for performing systemic retroperitoneal lymphadenectomy for early stage endometrial cancer on patients' survival and/or prevention of recurrence [3].

In addition; the Royal College of Obstetricians and Gynecologists reported that the sentinel lymph node biopsy should provide more sensitive method of assessing the spread of early stage endometrial cancer than systemic lymph node dissection, enabling targeted adjuvant therapy such as radiotherapy or chemotherapy [4].

Sullivan et al., concluded that the use of the sentinel lymph node biopsy has emerged as an alternative to retroperitoneal lymphadenectomy in endometrial cancer with the same diagnostic ability while minimizing morbidity [5].

Please, clarify to us and to the readers whether it is possible to apply the strategy of sentinel lymph node biopsy to all cases of endometrial cancers (not only the early stages) and all cases of ovarian and cervical cancers, once the sentinel lymph node biopsy has the same diagnostic ability as retroperitoneal lymphadenectomy with minimal morbidity.

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Compliance with ethical standards

Conflict of interest The authors Ibrahim A. Abdelazim, Gulmira Zhurabekova, Svetlana Shikanova, and Bakyt Karimova declare no conflict of interest related to this letter to editor.

Ethical approval This article does not contain any studies with human or animal subjects performed by the any of the authors.

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