



Reply to comments on “Risk factors, microbiology and management of infected lymphocyst after lymphadenectomy for gynecologic malignancies”

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Dear Editor,

We are grateful for the comments from Dr. Ibrahim A. Abdelazim about our article [1]. Sentinel lymph node (SLN) mapping is a promising strategy, which is considered by National Comprehensive Cancer Network (NCCN) guidelines in endometrial cancer surgical staging mainly in patients with apparent uterine-confined disease [2]. Moreover, the false-negative rates and failed mapping call for the expertise of the surgeon and attention to technical detail. In a recent research which includes 54,039 uterine cancer patients in the National Cancer Database from the American College of Surgeons and American Cancer Society, 38,453 (71.2%) patients underwent lymphadenectomy, 1929 patients (3.6%) underwent SLN biopsy and 13,657 (25.3%) did not undergo nodal assessment [3]. This study suggests that the use of sentinel lymph node biopsy for women with endometrial cancer is increasing. However, patients with non-endometrioid type, poorly differentiated, and more advanced stage tumors are less likely to undergo SLN biopsy and are still more likely to have lymphadenectomy. The majority of the endometrial cancer patients who underwent SLN mapping are at low risk, early-stage and more randomized trials are needed to evaluate this technic in high-risk endometrial cancers.

The role of SLN in cervical cancer is similar to endometrial cancer. SLN mapping is part of surgical management for select Stage I cervical cancer. Although SLN has been used in tumors up to 4 cm in size, the best detection rates are obtained in tumors less than 2 cm [4].

As far as ovarian cancer is concerned, SLN mapping is limited in staging and debulking surgery for ovarian cancer patients. Peritoneal dissemination is the most frequent metastasis pathway for ovarian cancer. And skip metastasis of regional lymph nodes makes it difficult to find sentinel lymph node. Therefore, the systemic pelvic and/or para-aortic lymphadenectomy are still recommended by NCCN guidelines in staging surgery for early-stage ovarian cancer and cytoreduction procedure for patients with tumor outside pelvis less than 2 cm [5].

In conclusion, SLN mapping is coming to be a good alternative to systemic retroperitoneal lymphadenectomy in endometrial and cervical cancer by some extent. We hope this technic will be improved in the future and play a more important role in surgical treatment for gynecologic malignancies.

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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