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Surgical Film

Uterine transposition after radical trachelectomy

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HIGHLIGHTS

- Uterine transposition was recently described for rectal cancer before neoadjuvant radiotherapy.
- We reported the first case of uterine transposition after radical trachelectomy.
- Uterine transposition after radical trachelectomy is feasible.

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Abstract

Objective: To report the first uterine transposition for fertility sparing in cervical cancer.

Methods: We report a 33-year-old woman with stage Ib1 cervical cancer (<2 cm in size) who had a radical trachelectomy that, after the definitive pathological report, fulfilled the criteria for adjuvant radiotherapy.

Results: The patient had eggs retrieval and received gosereline 10.8 mg before surgery. The uterine corpus and ovaries were detached from the previous vaginal anastomosis, laparoscopically mobilized, and sutured in the right upper abdominal wall with non-absorbable transperitoneal suture. The adjuvant external beam radiotherapy (45 Gy) was delivered in the pelvis. One week after, the uterus and ovaries were repositioned and sutured in the vagina. The patient had hospital discharged in the 2° post-operative day and no early complications.

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After 6 months of follow-up the patient has regular menses and no evidence of recurrence.

Conclusions: Uterine transposition is feasible after radical trachelectomy in selected patients who still desire to preserve fertility. However, further studies that address its effectiveness and safety are required.

Authors' contribution

Glauco Baiocchi: Study concept, study design, data acquisition, data analysis, manuscript preparation, manuscript editing and manuscript review.

Henrique Mantoan: Study concept, study design, data acquisition, data analysis, and manuscript review.

Michael Chen: Study design, data acquisition, and manuscript review.

Carlos Faloppa: Study concept, manuscript editing and manuscript review.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ygyno.2018.05.009>.

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