

Vaginal hysterectomy for treatment of endometrial cancer, 30 years of experience

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Background

Vaginal hysterectomy (VH) has been shown to be the preferred route for hysterectomy for benign gynecologic conditions. When compared to other routes of hysterectomy, VH is associated with better outcomes but this has not been validated in patients with gynecologic cancer, specifically endometrial cancer (EC). VH has been utilized in women who are poor surgical candidates for full staging procedures, but prior studies have been limited by patient selection, sample size, and histology. Within our institution, VH has been used judiciously over the last 30 years for treatment of EC.

Objective

To validate VH in the upfront treatment of EC for select patients who are either not candidates for a full staging procedure or who do not require a full staging procedure.

Methods

Retrospective review of a single institution database comprised of all EC patients treated at a large academic medical center from 1987 to 2015 was performed. Patients who underwent VH were compared to women who underwent abdominal or laparoscopic hysterectomies. Patients with type 2 EC and those who underwent full staging procedures were excluded.

Results

84 patients underwent VH and 158 underwent TAH/BSO or TLH/BSO for the treatment of EC. Patient ages, biopsy grade, stage, postop infections, and recurrence rates were not statistically significant between the two groups. Patients who underwent VH had significantly higher BMIs ($p < 0.0001$), lower postop readmission ($p = 0.07$), greater incidence of comorbidities ($p = 0.01$), and lower incidence of postop morbidities ($p = 0.01$).

Conclusion

There is no significant difference in the recurrence rate between EC patients who undergo VH vs TAH/BSO or TLH/BSO. Postop readmission and postop morbidity is decreased when patients undergo VH. As such, VH should be considered in any patient with EC who will not require full staging procedure and in patients who are not surgical candidates for full staging procedures.