



Surgical film

Open total mesometrial resection for cervical cancer

K.V.V.N. RAJU^{*}, Pavan Kumar Jonnada, Madhunarayana Badude, Siddarth Nekkanti, Syed Nusrath, Pradeep Keshri, Raghu Ram Reddy

Basavataarakam Indo American Cancer Hospital and Research Institute, Hyderabad, Telangana, India

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ABSTRACT

Introduction: Cervical cancer management often relies on surgical interventions, among which open total mesometrial resection (TMMR) has gained prominence. This abstract gives an insight into the technique of TMMR in the surgical treatment of cervical cancer. TMMR involves precise dissection of the mesometrium surrounding the cervix, aiming for optimal oncological outcomes while minimizing surgical morbidity.

Methods (or Technique): TMMR entails meticulous dissection of the mesometrium surrounding the cervix, following embryonic planes to ensure complete removal of the primary tumour and associated lymphadenectomy. Access to the abdomen is achieved through either a muscle-cutting transverse or midline abdominal incision. The procedure emphasizes meticulous dissection and removal of the tumour-containing area, with careful attention to preserving vital structures such as the ureters and pelvic autonomic nerves to minimize postoperative complications. Extensive lymphadenectomy, including first and second echelon nodal groups, and in selected cases, third echelon nodes such as lower paraaortic nodes, is performed.

Conclusion: TMMR offers several advantages, including precise identification and preservation of vital structures, thorough lymphadenectomy, and favourable oncological outcomes with improved survival rates. Importantly, TMMR allows for the avoidance of radiation therapy in the majority of operable cervical cancer cases. In conclusion, TMMR represents a cornerstone in the surgical management of cervical cancer, striking a balance between oncological efficacy, radiation avoidance, and preservation of patients' quality of life.

1. Introduction

Cervical cancer management often relies on surgical interventions, among which open total mesometrial resection (TMMR) has gained prominence (Höckel et al., 2019). This abstract gives an insight into the technique of TMMR in the surgical treatment of cervical cancer. TMMR involves precise dissection of the mesometrium surrounding the cervix, aiming for optimal oncological outcomes while minimizing surgical morbidity.

2. Methods (or Technique)

TMMR entails meticulous dissection of the mesometrium surrounding the cervix, following embryonic planes to ensure complete removal of the primary tumour and associated lymphadenectomy. Access to the abdomen is achieved through either a muscle-cutting transverse or midline abdominal incision. The procedure emphasizes meticulous dissection and removal of the tumour-containing area, with careful

attention to preserving vital structures such as the ureters and pelvic autonomic nerves to minimize postoperative complications. Extensive lymphadenectomy, including first and second echelon nodal groups, and in selected cases, third echelon nodes such as lower paraaortic nodes, is performed.

3. Conclusion

TMMR offers several advantages, including precise identification and preservation of vital structures, thorough lymphadenectomy, and favourable oncological outcomes with improved survival rates (Buderath et al., 2022). Importantly, TMMR allows for the avoidance of radiation therapy in the majority of operable cervical cancer cases. In conclusion, TMMR represents a cornerstone in the surgical management of cervical cancer, striking a balance between oncological efficacy, radiation avoidance, and preservation of patients' quality of life.

^{*} Corresponding author.

E-mail address: drkvvnraju2002@yahoo.co.in (K.V.V.N. RAJU).

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CRediT authorship contribution statement

K.V.V.N. RAJU: Writing – review & editing, Writing – original draft, Visualization, Supervision, Conceptualization. **Pavan Kumar Jonnada:** Software, Conceptualization. **Madhunarayana Badude:** Resources. **Siddarth Nekkanti:** Methodology, Investigation. **Syed Nusrath:** Resources. **Pradeep Keshri:** Methodology. **Raghu Ram Reddy:** Formal analysis.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary material

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.gore.2024.101410>.

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