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Personal technical considerations about *en bloc* pelvic resection

To the editor: I read with interest the article by Chang and Bristow [1], intitled "Surgical technique of *en bloc* pelvic resection for advanced ovarian cancer" and, also agreeing with the conclusions made by the authors, I would make two technical clarifications that I think can be useful for readers.

1. The superior hemorrhoidal vessels can be preserved, either because their visceral insertion is under the peritoneal pouch, and because the origin of the tumour doesn't require a lymphadenectomy of this region, as in the case of cancer of the rectosigmoid junction. Moreover, the preservation of these vessels, when possible, ensures a better blood supply to the rectal stump.

2. Section of the distal rectum is easier with a Curved Cutter Stapler rather than with a linear one.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

REFERENCE

1. Chang SJ, Bristow RE. Surgical technique of en bloc pelvic resection for advanced ovarian cancer. J Gynecol Oncol 2015;26:155.

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Reply to A Macrì

I appreciate the interest of Dr. Macrì in our work "Surgical technique of *en bloc* pelvic resection for advanced ovarian cancer." I agree that the superior hemorrhoidal vessels can be preserved and a Curved Cutter Stapler be used during the *en bloc* resection procedure. As you suggested, if possible, the proximal sigmoid should be resected below the superior hemorrhoidal vessels. However, when the disease extends above the level of the superior hemorrhoidal vessels, these vessels may have to be sacrificed. If the Curved Cutter Stapler is available, its use seems to be more helpful in dividing the distal rectum.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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