

IS IT POSSIBLE TO USE A SINGLE ANCILLARY TROCAR TO FINISH LAPAROSCOPIC CYSTECTOMY?

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Laparoscopic surgery has gained global popularity since 1980 and is generally considered to be one of the most important procedural advances in surgery [1]. It offers many advantages over conventional laparotomy, including a significantly smaller abdominal incision wound, less postoperative pain, shorter hospital stays, a better cosmetic outcome, and more rapid postoperative recovery [2]. Further technologic advances have provided gynecologists with multiple options for using laparoscopic surgery to manage patients with many different gynecologic diseases [3–6], including some malignant diseases [7–9]. However, the use of laparoscopic surgery for malignancies remains highly controversial, in part because of concerns over incomplete excision, the lack of safe tumor margins, and outcome of curable diseases, and in part because of the possibility of dangerous and catastrophic widespread tumor seeding during laparoscopic surgery [10–13]. In contrast, some physicians remain relatively confident about the suitability of laparoscopy for the management of certain kinds of gynecologic malignancies, such as endometrial cancer [8], or even for the management of complex and large adnexal masses [7]. Although the current literature defining the role of laparoscopy in the diagnosis and treatment of ovarian cancer is limited to case reports, case series, and cohort studies, these studies suggest that the efficacy of laparoscopy is equal to that of laparotomy in both early and advanced stage ovarian cancers [14]. Based on the above-mentioned benefits, we favor the use of laparoscopic surgery for the management of various gynecologic diseases because of its relatively low complication rate [15,16], and due to the fact that most

patients are satisfied with the results of laparoscopic surgery, compared with conventional surgery [17,18].

Laparoscopic surgery can be completed using at least three port wound methods, including one 10-mm umbilicus port wound and two 5-mm ancillary port wounds [3,6,19]. In this issue of the journal, Capar et al [20] describe the use of a single 5-mm ancillary trocar and a 10-mm camera trocar (two port wound methods) for the successful laparoscopic management of 220 patients with benign ovarian tumors. The authors used the following strategies to minimize the risks associated with the surgery, including: (1) enrollment of relatively young patients (the mean age was 30 years); (2) exclusion of possible malignant lesions and dermoid cysts; and (3) the use of a controlled intraoperative spillage method [1]. Despite the authors' attempts to implement these strategies, up to 5% of the patients failed to undergo the planned surgery because of suspected malignancies and technical difficulties during the operation. However, the authors accepted that conventional laparotomy could provide a rescue method in the event of failed laparoscopic surgery, and they immediately changed from laparoscopy to conventional laparotomy if a potentially malignant cyst was detected during surgery (e.g. with a solid component, ascites, irregular contours and severe adhesions, in the absence of endometriosis and mature cystic teratoma).

We congratulate the authors on dealing successfully with these complicated cases with no reported adverse events. We are happy to learn of any new technique that reduces the limitations and minimizes both the expense and suffering associated with laparoscopic surgery for the management of adnexal tumors. In addition, we accept that the so-called controlled spillage method would can ease tumor removal.

However, some issues need further discussion. It is difficult to select candidates for this kind of surgery. Although it is not difficult to make a preoperative diagnosis of an ovarian mature teratoma using high-resolution ultrasound, it may not be easy to preoperatively diagnose ovarian mucinous tumors. In fact, one



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case of borderline malignancy and eight cases of mucinous tumors were reported in this study [20]. We do not disagree with the concept that laparoscopic surgery is an appropriate method for managing adnexal tumors; however, we remain concerned about the wide acceptance of this procedure for the management of adnexal tumors, even though the technique seems to be a logical and easily performed procedure.

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