

Can the risks associated with uterine sarcoma morcellation really be prevented? Overview of the role of uterine morcellation in 2018

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OBJECTIVES: The objective of this literature review is to reiterate the epidemiology, clinical signs, and radiological signs that should be consistent with a uterine sarcoma as well as the precautionary pre- and postoperative principles that help prevent morcellation of uterine sarcomas when treating patients with uterine fibroids.

METHOD: We conducted this literature review by consulting the Pubmed, Medline, and Cochrane Systematic Review databases up to 28/02/2017 using the following keywords: fibroid, myoma, leiomyoma, sarcoma, leiosarcoma, uterine cancer, myomectomy, hysterectomy, morcellation, and uterine morcellation. We also used the reference lists of the selected articles to find more data on the websites of North-American and European learned societies that specialise in obstetrics and gynaecology.

Résumé en
anglais

RESULTS: In the case of morcellation of uterine fibroids, the risk of an undiagnosed uterine sarcoma is estimated to be between 1 in 278 to 1 in 1960 women. Preoperative examination, free informed consent following discussion about the risks and complications associated with morcellation, as well as research on the contraindications to the use of morcellation are the crucial points addressed by learned societies. The main solution recommended at present is morcellation confined to a laparoscopic bag.

CONCLUSION: There is a risk of morcellating an occult sarcoma when performing a myomectomy or hysterectomy for fibroids. Implementing the use of morcellation containment bags should be the norm. The use of minimally invasive surgery (laparoscopic or vaginal) and the associated benefit-risk ratio compared to a laparotomy should also be discussed with the patient before the operation.

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