Reply:

Dear Dr Wei-Min Liu and Dr Peng-Hui Wang,

Many thanks for your comments on my letter to the editor: “A Feasible Laparoscopic Surgery Technique for Complex Adnexal Tumor”. I totally agree with your opinion that ovarian mature cystic teratoma (MCT) always creates a difficult situation for surgeons, in view of the potential risk of intraperitoneal rupture during laparoscopic surgery. These ruptures result in chemical peritonitis and, in rare situations, malignant transformation. I always remind myself that these situations might occur after a success laparoscopic surgery for complex adnexal tumor, and hence I always hesitate to perform such surgeries.

For the preoperative diagnosis of ovarian MCTs and ovarian mucinous tumors, I used the combination of computed tomography, ultrasound, and serum tumor markers as the preoperative diagnostic tools. It seemed to provide a high preoperative diagnostic accuracy in my small number of cases.

For the postoperative follow-up, there were no sequelae or complications noted in this small series of patients. It could be that our cases were simple, without any intra-abdominal lesions, endometriosis, pelvic adhesions or pelvic inflammation disease.

I do agree that the routine use of this technique in laparoscopic surgery for complex adnexal tumors, especially for MCT, is not recommended. It is really amazing that this technique is recommended to be used as a rescue method when rupture of MCT occurs during laparoscopic surgery.

Thanks again for your recommendations, I really appreciate it. I will follow them in my future surgeries.

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References