A REVIEW OF 60 CASES OF WERTHEIM'S HYSTERECTOMY

by

R. M. Saraogi,* M.D., D.G.O., F.C.P.S.
V. R. Ambiye,* M.D., D.G.O.
and
M. Y. Rawal,** M.D., D.G.O.

The problem of cancer cervix occupies an important place in gynaecological practice and research. Even in apparently favourable cases results of treatment are disappointing as the diagnosis is not made early.

There is a considerable controversy regarding the role of surgical treatment for cancer cervix, because radiotherapy is believed to be equally effective with low mortality and morbidity. In the city of Bombay, however, number of radiotherapeutic units are far too inadequate to administer therapy in a rational way to majority of patients with cancer cervix. Hence surgery is selected either by choice or by circumstances as a primary form of treatment.

Material and Methods

The present study deals with 60 cases of Wertheim's hysterectomy performed at B. Y. L. Nair Ch. Hospital from Jan. 1969 to Dec. 1978.

All the cases subjected to surgery were with clinical stage I or II only. Wertheim's hysterectomy is done by the usual technique of block dissection with removal of pelvic lymph nodes on both the sides. Preoperative preparation and investigations were done as usual.

Observations

Majority of our patients (75%) were under the age of 45 years. The youngest patient was 28 years old. Fifty (83.3%) of our cases were of parity 5 or above. Surprisingly 2 of our cases were unmarried.

As shown in Table I, majority of our patients had presented with irregular vaginal bleeding or leucorrhoea. Out of 2 cases who had presented with lump in abdomen, associated fibromyoma and pyometra was present in 1 case each. The heading miscellaneous in the symptomatology Table includes 2 cases who were

TABLE I
Symptoms

Symptoms	No. of cases	(%)
Irregular vaginal bleeding	40	(75%)
Bloodstained discharge	6	(10%)
Postcoital bleeding	4	(6.67%)
Leucorrhoea	48	(80%)
Backache	6	(10%)
Urinary complaints	15	(25%)
Lump in abdomen	2	(3.3%)
Tenesmus	1	(1.67%)
Miscellaneous	4	(6.67%)

*Ex. Registrar,
**Professor.
From Dept. of Obstet. and Gynec. T.N. Medical College and B.Y.L. Nair Ch. Hospital.
Accepted for publication on 27-8-80.

asymptomatic, 1 case attended for prolapse and a case with pruritus vulvae.

Cervical appearance was cauliflower like in majority (83.3%). Ulcerative growth was seen in 5 (8.33%), endocervical growth and ballooning of the cervix was present in 4 and in only 1 cervix was apperently normal.

Squamous cell carcinoma was the commonest histopathological type, in 55 cases (91.6%), adenocarcinoma was seen in 3 and microinvasive in 2 cases. Both the cases of microinvasive carcinoma were diagnosed by cytology and later on confirmed by biopsy. In 90% of the cases, histopathology showed Grade II according to Broder's classification.

Although clinically all the cases were of stage I or II, surgical staging on the operation table differed from the original in 10 cases. In 8 cases belonging to clinical stage I, exploration revealed stage II and 2 cases of stage II turned out to be of stage I on operation table.

Most of the patients were operated under general anaesthesia with the exception of 2 in whom epidural anaesthesia was used.

Table II shows the complications encountered during operation. Accidental injury to urinary system either bladder or ureter and to the pelvic veins was the commonest complication. In the case of ureteric injury, ureter was reimplanted in the bladder. Infiltration of the ureteric canal leading to difficult ureteric dissection was probably responsible for ureteric damage. The patient later on developed ureterovaginal fistula which healed spontaneously. In 2 cases in whom we encountered excessive bleeding due to damage to pelvic venous plexus, required continuation of abdominal packing in 1 and vaginal packing in the other. In both the cases, pack was removed under sedation after 24 hours.

TABLE II
Operative Complications

Complications During operation:	No. %
Cardiac arrest	1 (1.67%)
Bladder injury	2 (3.33%)
Ureteric injury	1 (1.67%)
Injury to pelvic venous plexus	2 (3.33%)
Injury to int. iliac vein	1 (1.67%)
Rectal injury	1 (1.67%)

Table III shows postoperative morbidity. Urinary tract infection (30%), paralytic ileus (10%) and wound infection (8.33%) were the common complications.

TABLE III
Postoperative Morbidity

	No. (%)
Urinary fistulae	5 (8.33%)
Urinary tract infection	18 (30%)
Paralytic ileus	6 (10%)
Secondary haemorhage	2 (3.33%)
Wound infection	5 (8.33%)
Wound dehiscence	2 (3.33%)
Respiratory infection	3 (5%)
Incisional hernia	2 (3.33%)

Urinary fistulae were seen in 8.33% of the cases. V.V.F. in 4 and ureteric fistula in 1 case. Two cases of V.V.F. were repaired successfully after 6 weeks. In others, fistulae healed spontaneously.

Table IV shows primary postoperative mortality in relation to postoperative period. Overall mortality was 13.3%. The only uncommon cause of mortality was septicaemia following synergistic gangrene of the anterior abdominal wall. In spite of higher antibiotics and wide excision of the necrosed tissue, patient expired on 25th day. Table V shows results of follow-up in 34 cases in relation to staging and lymph node involvement. The follow-up was possible only in 34 cases, as 18 cases were lost to follow up. Over-

TABLE IV
Primary Mortality

No. of cases	Cause of death	P.O. Period
2	Cardiorespiratory failure due to fulminating lobar pneumonia	9th day 13 day
1	Pulmonary Embolism	— 5th day
2	Massive Myocardial infarct	— 18 hrs. — 24 hrs.
1	Septicaemia	— 14th day
1	Haemorrhage	— 8 hrs.
1	Septicaemia and synergistic gangrene of abdominal wall	— 25th day

1973; Rutledge, 1974) have described preoperative radium insertion followed by radical hysterectomy. Preoperative radiation was not given in any of our cases as the facility was not available in the hospital. Postoperative radiation was given only if the glands were positive.

Better anaesthesia, blood transfusion, and judicial selection of cases and the surgical expertise go a long way in reducing the mortality and morbidity. Operative mortality was 4% in Masterson's series (1963), 2.8% in Scotto and Manahan series (1975) 4.7% in Vaidya *et al* (1978) series and 13.3% in our series.

Urinary fistulae, infection, pelvic infec-

TABLE V
Follow-up in Relation to Clinical Staging and Lymphnode Involvement

Clinical Staging	No.	Lymph Node Involvement	Recurrence
Ca in situ	2	Nil	Nil
Stage I	22	3 (13.6%)	5 (22.72%)
Stage IIa	7	1 (14.28%)	2 (28.57%)
Stage IIb	3	2 (66.67%)	2 (66.67%)
Total	34	6 (17.64%)	9 (26.47%)

all recurrence rate was 26.47% in followed-up cases. There was no recurrence in both the cases of carcinoma in situ and highest (66.67%) in cases with stage II. The lymph node involvement was seen in 17.64% of the cases and all the cases with node involvement had developed recurrence on follow up.

Discussion

Wertheim's hysterectomy is the treatment of choice in our country for cases of carcinoma cervix—stages I & II as facilities for radiotherapy are not so easily available. Hence it is essential for one to know the inherent risks in the procedure.

A number of authors (Rampone *et al*,

tion, and pulmonary complications form the bulk of the postoperative morbidity. There were 4 cases of V.V.F. (6.66%) and 1 case of uretero-vaginal fistula (1.66%) in our series. V.V.F. occurs in 3.7% of the cases (Feroze, 1971) and ureterovaginal fistula in 2-13% of the cases (Telinde and Mattingly, 1970). Proper care of bladder and ureter is very important both during and postoperative period. Fistula should be rare unless bladder is traumatized or forcibly separated, because in early cases avascular plane always exists between bladder and vagina.

The incidence of positive nodes is reported to be 18.2% by Chakravarty

(1977), 39% by Vaidya *et al* (1978), 29.7% by Currie (1971). The survival and recurrence rate is directly related to gland metastases. In our series positive nodes were seen in 17.64% and all of them had recurrence on follow up.

Summary

Sixty cases of Wertheim's hysterectomy are reported in detail, with special reference to histopathology, clinical and surgical staging complications. Postoperative morbidity and mortality was 13.3%. Accidental damage either to the bladder, ureter or pelvic veins was the commonest complication during the operation. The urinary tract infection was the commonest postoperative morbidity. Fistula rate was 8.33%. The follow-up was possible only in 34 cases. The overall recurrence rate was 26.47% in followed up cases and was proportional to clinical staging and lymphnode involvement.

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