Nerve-sparing radical hysterectomy – Muallem technique with explanation of parametrium and paracolpium precise anatomy

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SUMMARY
Querleu et al.\(^1\) restricted the term nerve sparing to radical hysterectomy type C, because the less radical types of hysterectomy (Type A and B) are not supposed to injure the pelvic autonomic nerve system. In Type C radical hysterectomy, which is indicated to stage IB1 with deep invasion of cervical stroma, IB2–IIA or early IIB according to the old version of the International Federation of Gynecology and Obstetrics classification of cervical cancers (FIGO 2009\(^2\)), a total resection of the vesicouterine (ventral parametrium) and vesicovaginal ligaments (ventral paracolpium) combined with a resection of adjusted length of the vaginal vault and its surrounding paracolpium is essential for sufficient removal of large and/or deep-infiltrating tumors.\(^3\) It is well known that the more extensive the vaginal and surrounding tissue ablation, the greater the resultant bladder denervation.\(^4\),\(^5\) This will be explained in that the radical resection (type C) sacrifices the ventral part of the inferior hypogastric
Recently, we published the results of the Muallem technique for nerve-sparing radical hysterectomy performed on 42 consecutive cervical cancer patients. Two-thirds of the patients had locally advanced tumors (T>40 mm or pT ≥IIA2) with a median tumor size of 44.1 mm. The nerve-sparing radical hysterectomy approach, which depends on the comprehensive understanding of the precise entire anatomy of paracolpium (Muallem technique), was found to be feasible and applicable, even in locally advanced tumors, with good functional results (complete recovery of urological functions in 97% of patients 2 weeks after surgery) and encouraging short-term oncologic outcomes. (Video 1)

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