

Dear Editor,

We would like to thank Turkgeldi et al. for their work and publication on “Laparoscopic ovarian transposition and ovariopexy for fertility preservation in patients treated with pelvic radiotherapy with or without chemotherapy” (Turkgeldi et al., 2019).

Radiotherapy to the lower abdomen has been shown to have a significant negative effect on fertility and the hormonal function in women of childbearing age. Radiotherapy is used frequently in the treatment of many malignant conditions in premenopausal women and thereby has eventually a castrating effect.

In the beginning of the nineties, we adapted the open ovariopexy (Grabenbauer et al., 1991) to a minimal access laparoscopic technique dissecting the infundibulopelvic ligament free, high-up cranially to obtain a non-kinked vascular pedicle, which was afterwards fixed outside the true pelvis. The results of our comparative study in 18 patients showed a clear hormonal benefit for these young women, with further reproductive possibilities (De Wilde and Hesselting, 1995).

In order to preserve as much ovarian function as possible, besides the possible pharmacological protective measurements (Von Wolff et al., 2010), the laparoscopic tubo-ovarian transposition with ovariopexy has been shown to be a feasible and effective minimal-access surgical protective step, and could be offered to all above described patients.

References

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REPLY

Dear Editor,

We would like to thank Drs. Torres-de la Roche and De Wilde for their kind comments on our recently published paper “Laparoscopic ovarian transposition and ovariopexy for fertility preservation in patients treated with pelvic radiotherapy with or without chemotherapy” (Turkgeldi et al., 2019) and for bringing their contribution to the literature of perhaps one of the earliest publications concerning laparoscopic oophoropexy prior to radiotherapy in patients with Hodgkins lymphoma to our attention (De Wilde and Hesselting, 1995).

The promising results of this pioneering prospective comparative study have undoubtedly encouraged many gynaecologists to take steps towards performing minimally invasive surgery for the preservation of hormonal and reproductive function in patients with various pelvic malignancies requiring pelvic radiotherapy.

As mentioned by Dr. Torres-de la Roche and Dr. De Wilde, other methods of fertility preservation including oocyte or ovarian tissue cryopreservation and gonadotropin agonist therapy are being utilized as additional measures to preserve ovarian function in cancer patients, especially for those who will receive chemotherapy. The implementation of GnRH antagonists along with GnRH agonists to decrease the initial FSH flare-up effect prior to chemotherapy may have beneficial effects, however further studies are necessary to investigate the true impact of medical treatment in preserving ovarian function (Von Wolff et al., 2010).

Laparoscopic ovarian transposition is a safe and effective surgical procedure for optimizing fertility preservation in patients undergoing pelvic radiotherapy when implemented alone or in combination with other surgical, medical or assisted reproductive treatment modalities (Moawad et al., 2016). It is important that premenopausal cancer patients are well informed about their fertility options since life expectancy after cancer treatment has been increasing progressively with recent advancements in medicine (Miller et al., 2016).

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