

**Surgical treatment of advanced endometrial carcinoma: multivisceral resection - literature review**

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**Abstract**

**Introduction:** Complete resection is the most important prognostic factor in surgery for pelvic tumors. In locally advanced and recurrent pelvic malignancies, radical margins are sometimes difficult to obtain because of close relation to or growth in adjacent organs/structures. Total pelvic exenteration (TPE) is an exenterative operation for these advanced tumors and involves en bloc resection of the rectum, bladder, and internal genital organs (prostate/seminal vesicles or uterus, ovaries and/or vagina).

**Methods:** Recommendations with respect to extended surgical staging, provides important prognostic information and aids in determining the need for adjuvant treatments. Published literature was retrieved through searches of PubMed, CINAHL, and The Cochrane Library, using appropriate controlled vocabulary (e.g., endometrial neoplasms) and key words (e.g., endometrium cancer, endometrial carcinoma).

**Results** were restricted to systematic reviews, randomized control trials/ controlled clinical trials, and observational studies. There were no date or language restrictions. This review analyses the benefit of extended surgical staging compared with the potential harm of a limited surgery in grade 2 and 3 disease.

**Conclusions:** Total pelvic exenteration is accompanied with considerable morbidity, but good local control and acceptable overall survival justifies the use of this extensive surgical technique in most patients, especially patients with primary locally advanced or recurrent endometrial cancer.

**Key words:** endometrial cancer, lymphadenectomy, surgical staging, pelvic exenteration for endometrial cancer

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