Editorial: Recent developments in Gynaecology

BG Lindeque

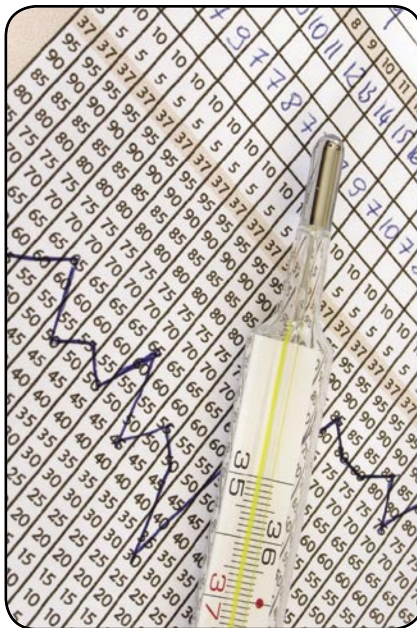
Recent developments in operative gynaecology, especially in the field of endoscopic surgery, are more than matched by developments in consultation gynaecology. Only a few areas will be mentioned.

Endoscopic gynaecologic surgery has become widely practiced in South Africa. This has expanded into gynaecologic cancer surgery where gynaecologic oncologists may perform laparoscopic lymph node dissection on patients with endometrial or cervical cancers under certain circumstances: The standardization for the technique of radical trachellectomy as surgical management of patients with Stage IB1 cervical cancers desiring future fertility opened new possibilities for young women. The trachellectomy (radical removal of the cervix) can be performed transabdominally or transvaginally. In the latter case laparoscopic lymphadenectomy complements the technique greatly. Radical trachellectomy has been performed in several centres in South Africa with subsequent successful pregnancies occurring in a number of patients.

In patients with endometrial cancers with co-morbid disease where vaginal hysterectomy is elected as the surgical technique to remove the cancer, available evidence shows that laparoscopic lymphadenectomy is a safe and effective way to perform the full cancer operation.

Another prominent development in endoscopic surgery is the ability to manage rectovaginal endometriosis with or without the need for bowel anastomosis. This most severe form of endometriosis is difficult to manage under all circumstances and in expert hands the morbidity is much reduced using the laparoscopic approach. As with all surgical techniques expertise in doing these procedures must be attained by further training and focused practice.

In the office another technical improvement, that of transvaginal ultrasound, has changed the practice of Gynaecology. The use of transvaginal ultrasound in Infertility practice is well known. It has revolutionized management of postmenopausal bleeding, other bleeding abnormalities, assessment of pelvic masses and very importantly, diagnosis and management of ectopic pregnancy. If a patient in the reproductive years has bleeding or pain especially with a missed period, a beta-hCG level of more than 5000 IU/l and an empty uterus on transvaginal ultrasound, the diagnosis of ectopic pregnancy is confirmed. In such early cases laparoscopic salpingostomy or salpingectomy is often preferred.



Screening for cervical cancer and its precursors has been performed in a haphazard way in South Africa over the years. The current policy of three government supported Pap smears in a woman's life taken between ages 35-55 will assist in downstaging cervical cancers and also detect a large number of women with precursor lesions. This policy is not fully implemented and in many regions women continue to be unscreened, probably the biggest risk factor for the development of cervical cancer. In the face of the HIV pandemic this policy will probably be too late for many women.

New developments in this field include the availability of HPV testing. It is accepted that high risk types of HPV are the carcinogens for cervical cancer. Using PCR technology high risk HPV types can be identified using sampling techniques similar to that for cervical cytology. If a woman older than 30 years has a persistent high risk HPV infection her risk for cervical cancer and its precursors increase considerably.

The great news item of 2006/7 is the becoming available of HPV vaccines. These vaccines have been shown in controlled trials to effectively prevent the development of cervical precancers and cancers. The implementation of a HPV vaccine policy is still some way off but will be a most important public health measure in gynaecology.

The HIV pandemic continues to impact on many aspects of women's health including infertility, associated sexually transmitted infections, the prevalence and growth rate of gynaecologic malignancies and increased morbidity and mortality of most other gynaecologic disorders.

There are continual improvements in understanding disorders dealt with in the office. Several of these disorders will be addressed over the next six months in this Journal. Those include contraceptive problems and benefits, the premenstrual syndrome, abnormal uterine bleeding and urinary incontinence.

Pregnancy related death is a continuing problem in South Africa. One of the causes relates to abortion and the tragic consequences of unsafe abortion. Modern safe techniques of termination of early pregnancy include the use of misoprostol and manual vacuum aspiration. Widespread use of these methods has contributed to a decrease in abortion related deaths over the past three years. Termination of pregnancy (TOP) is a very controversial topic but there is a clear need for that in our country and the TOP services are widely utilized.

This clearly links gynaecology with the whole concept of women's health. Internationally this is seen as a concerted effort to support the health, rights and lives of women. Some of these rights are very fundamental: right to live, to heath care, to reproduction, to choice in sexual activities and more. The practitioner dealing with women's health issues has a huge responsibility not only concerning the physical health of the female patient but also concerning the basic rights of the women.

BG Lindeque, MBChB MMed (O&G) FCOG(SA) MD