To the Editor,

The recent study by Asgari et al comparing the number of spindle cells in peritoneal washings after laparoscopic myomectomy with morcellation and open myomectomy without morcellation is thought-provoking. We commend the authors, but the study raises important points about the continued focus on morcellation. (1)

As shown in other studies, the authors found spindle cells following both open myomectomy without morcellation and after laparoscopic myomectomy with morcellation. (2, 3) Significantly, spindle cells have been found prior to morcellation in laparoscopic hysterectomy cases as well. (4) Containment systems will not, therefore, completely contain cells prior to morcellation.

The presence of any retained spindle cells implies the potential of subsequent benign leiomyomatosis or increased risk of local recurrence of an undiagnosed leiomyosarcoma (LMS). However, there are many unanswered questions regarding retained cells following surgery. Is there a critical volume of cells that might lead to local recurrence; are 10 cells enough or do large tissue fragments need to be left in the abdomen in order to increase risk? What interval between the initial surgery and a follow-up staging/debulking procedure is acceptable to eliminate any retained LMS cells from the abdomen before they attach, invade and gain access to blood supply? While one week may be acceptable, waiting months is probably not. And does any of this even matter? A pathology study by Roma and colleagues...
found that LMS cells invade into myometrial vessel lumens and have the ability to metastasize early in the course of the disease. (5) Those authors postulated that simply manipulation of the uterus could be sufficient to dislodge cancer cells and cause distant spread.

We encourage further study of these important questions. Presently, the concern about spreading LMS following the FDA’s science-agnostic analysis of morcellation caused a decrease in minimally-invasive surgery for women with fibroid-related symptoms, including uterine-preserving surgery for women who so wish. The result has been increased morbidity from open surgery, much to the detriment of the women for whom we provide care. (6)

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2) Sandberg EM, van den Haak L, Bosse T, Jansen FW. Disseminated leiomyoma cells can be identified following conventional myomectomy. BJOG. 2016;123:2183–2187.