Routine CT Not Cost Effective Prior to Laparotomy

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WASHINGTON — Performing a routine CT scan before staging laparotomy in patients with endometrial cancer may be an unnecessary expense, regardless of the histology, grade, or stage of the cancer, researchers reported in a poster presented at the annual meeting of the American College of Obstetricians and Gynecologists.

Dr. Sean Rosenbaum and his colleagues at the John Peter Smith Hospital in Fort Worth, Texas, conducted a retrospective review of 103 patients with endometrial cancer who were being managed by a gynecologic oncologist.

They compared the normal, abnormal, and incidental findings from the CT scan to surgical findings, histology, and grade.

Of the 64 patients who had a preoperative CT scan of the abdomen and pelvis, the histology included 46 adenocarcinomas, 2 adenosquamous carcinomas, 3 adenosarcomas, 11 papillary squamous or clear cell carcinomas, and 2 squamous cell carcinomas. In addition, 45 patients had grade 2 or grade 3 disease and 15 patients had disease outside the uterus. But none of the decisions made at the staging laparotomy were affected by the preoperative CT scan results even in cases where high-risk cancer was identified, Dr. Rosenbaum said.

Among the 39 patients who did not receive a preoperative CT scan because of suspected low stage or grade, or patient preference, no pathology was found during surgery that would have altered the surgical approach if it had been detected earlier, the researchers wrote.

Because the CT scan did not affect the surgical decision making, Dr. Rosenbaum and his colleagues estimated that their hospital could have saved about $44,000 just by eliminating the 64 CT scans performed.

And if they had performed CT scans on all 103 of the endometrial cancer patients, the unnecessary expense would have reached nearly $71,000. ∎

Pelvic Organ Prolapse Linked With Skin Striae

SAN FRANCISCO — Skin striae are at least twice as common in women with pelvic organ prolapse as in women without prolapse, a survey of 116 women found.

Hormonal status alone didn't explain the association. Women with prolapse were less likely to be postmenopausal than women without prolapse. The association may indicate a common defect in connective tissue for prolapse and striae (stretch marks), Dr. Sharon Salter wrote in a poster presentation at the annual meeting of the American Academy of Dermatology.

There are no reliable methods of predicting which women will develop pelvic organ prolapse; striae might serve as a predictor.

The surveys were completed by urogynecology patients and by a control group of women undergoing Mohs surgery for skin cancer in 2005. Just over half of the women with prolapse reported striae, compared with a quarter of women without prolapse. A majority of women with striae said the marks developed during pregnancy, reported Dr. Salter of Brigham and Women's Hospital, Boston.

Women were considered to have prolapse if they had a prior diagnosis of pelvic relaxation and prolapse or reported symptoms of pelvic pressure, urinary incontinence, or pelvic organ protrusion through the vagina.

Women with striae were significantly heavier (averaging 161 pounds vs. 144 pounds in the nonstriae group) and were more likely to have varicose veins.

Previous studies have noted decreased collagen and elastin content in women with prolapse. There are no reliable methods of predicting which women will develop pelvic organ prolapse.

Future studies might explore the possibility of stretch marks as a predictor of prolapse. If there is a definitive link, it may lead to a better understanding of the pathophysiology of both prolapse and striae, and potential treatments, Dr. Salter wrote.
—Sherry Boschert