Kaiser-Meyer-Olkin (0,817) e esfericidade de Bartlett (χ^2 2667,04, $p < 0,001$) foi aceitável e meritória.

A análise fatorial da matriz dos componentes, pela análise de componente principal, agrupou as 40 afirmações em 12 componentes ou fatores, representando 85,78% da variância, que denominámos:

1. Ensino teórico
2. Necessidade de prática
3. Aprendizagem dirigida
4. Aprendizagem tutelada
5. Comunicação com o doente
6. Impacto negativo da vida social extra-curricular
7. Despersonalização pela carga curricular:
8. Mecanização da prática
9. Modelo e sua prática conflituantes
10. Preocupações com a prática
11. O exemplo dos tutores
12. A importância das atividades sociais.

Não se verificaram diferenças significativas nas respostas por sexo e percebeu-se que a 'Mecanização da prática' é o fator mais pontuado, seguido do 'O exemplo dos tutores', da "'Aprendizagem tutelada' e da 'Necessidade de prática', sendo menos pontuados o 'Impacto negativo da vida social extracurricular', seguido de 'Ensino Teórico' e 'Modelo e sua prática conflituantes'.

Perante estes resultados devemos repensar o ensino para melhor o adaptar às necessidades sentidas? Esta é a questão a que agora estudos robustos a nível nacional deverão dar resposta, mesmo que existam diferenças de organização/visão entre as várias Faculdades que ensinam Medicina, partindo-se da perspetiva dos alunos que deve ser conciliada com a das instituições. Será que formas distintas de organização em Portugal originam diferentes tendências da evolução da empatia médica auto-percecionada pelos alunos, tal como explicitado no estudo publicado pela Acta Médica Portuguesa em novembro de 2017?[1]

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Luiz Miguel SANTIAGO✉[1], Mafalda Cristina Sá MOREIRA[1], Inês SILVA[1,2]

1. Faculdade de Medicina. Universidade de Coimbra. Coimbra. Portugal.
2. Unidade de Saúde Familiar de Coimbra Centro. Agrupamento de Centros de Saúde do Baixo Mondego. Coimbra. Portugal.

Autor correspondente: Luiz Miguel Santiago. luizmiguel.santiago@gmail.com

Recebido: 15 de abril de 2018 - Aceite: 16 de abril de 2018 | Copyright © Ordem dos Médicos 2018
https://doi.org/10.20344/amp.10663

Letter to the Editor: Radical Vaginal Trachelectomy - 9-Year Experience of the IPO Coimbra

Carta ao Editor: Traquelectomia Vaginal Radical - Experiência de Nove Anos do IPO de Coimbra

Keywords: Fertility Preservation; Trachelectomy; Uterine Cervical Neoplasms/surgery
Palavras-chave: Neoplasias do Colo do Útero/cirurgia; Preservação da Fertilidade; Traquelectomia

Cervical cancer (CC) is one of the most common cancers affecting women of reproductive age.[1] According to the Surveillance, Epidemiology, and End Results (SEER), 2009 - 2013, approximately 40% of CC cases are diagnosed in women under the age of 45. In Portugal the prevalence of CC is 720 new cases every year (13.1 / 100 000) (Globocan, 2012).[2]

The International Federation of Gynecology and Obstetrics (FIGO) estimates that 25% of CC cases present themselves in stage IA, of which 85% are stage IA1. It is also highlighted that 50% of patients in stage IA are less than 40 years old.[3]

Classical surgical treatment of CC is radical hysterectomy with pelvic lymphadenectomy. However, this approach inevitably results in infertility. There are currently several approaches to CC in the early stages when the aim is to preserve the reproductive function. We want to highlight the surgical, oncological and obstetric outcomes of women submitted to radical vaginal trachelectomy (RVT), comprising cervical resection with the upper part of the vagina and proximal parametria through the vagina[4] and laparoscopic pelvic lymphadenectomy (LPL) at the cancer hospital in Coimbra since 2008.

From January 2008 to January 2017, twenty-one women underwent RVT and laparoscopic pelvic lymphadenectomy. One case was excluded from the study due to the high-risk histology. We present the results of the 20 patients with follow-up.

Patient mean age was 31.1 ± 3.7 years (24 - 38 years). Fourteen (70%) were diagnosed by conization and six by biopsy. The majority (70%, n = 14) were nulliparous. Mean follow-up period of patients was 41 months.

Oncological and surgical outcomes are summarized in Table 1.

Of the Obstetric outcomes, we emphasize that 6 (30%) women tried or are trying to become pregnant. Four (20%) women become pregnant, including a woman who had two pregnancies (Total of 5 pregnancies). There were no first or second trimester abortions after the procedure.

Table 1 – Oncological and surgical outcomes

Oncological outcomes (20)	n (%)
Stage	
IA1	3 (15)
IA2	2 (10)
IB1	15 (75)
Histological type	
Squamous cell carcinoma	17 (85)
Adenocarcinoma	3 (15)
Size of tumour	
≤ 2 cm	17 (85)
> 2 cm	3 (15)
Lymphovascular space invasion	3 (15)
Recurrence	2 (10)
Died from disease	1 (5)
Surgical outcomes (20)	**n (%)**
Surgery type	
RTV + PL + SLN	3 (15)
RTV + LPL	17 (85)
No residual cancer on specimen	10 (50)
Lymph node count (mean, SD)	
Right side	8.3 ± 3.8
Left side	7.8 ± 3.6
Hospitalization (days)	
Mean, SD	3.8 ± 2.7
Intra- and postoperative complications	
Anemia (Transfusion)	1 (5)
Ureteral kicking	1 (5)
Injury of the pudendal nerve	1 (5)
Lymphocele	2 (10)

SLN: sentinel lymph node; PL: pelvic lymphadenectomy; SD: standard deviation

All the pregnancies were spontaneous and occurred 6 months to 5 years after surgery. Four pregnancies were full-term, with caesarean deliveries and the newborns (NB) weighing, on average, 2521 g. There was one case of premature rupture of membranes (PROM) at 20 weeks, which led to caesarean section at 25 weeks. NB weighed 650 g at birth and had an APGAR score of 6/8/8. The NB was admitted to the Neonatal Intensive Care Unit (UCIN), where he stayed for 86 days and currently the infant is at school and reveals good psychological and motor development. Although 13 women wished to become pregnant, only two are currently trying and followed in fertility centers. Most of these patients are women who have had children, including the woman who had two pregnancies after the procedure.

We consider that RVT provides a valid alternative surgical treatment for women who want to preserve their fertility and who have early cervical cancer. However, to achieve the best oncological results, these patients must be carefully selected and treated in specialized centers after being adequately assessed and advised.

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Fabiane NEVES✉[1], Paulo ALDINHAS[2], Rita SOUSA[2], Luis SÁ[2]

1. Serviço de Ginecologia e Obstetrícia B. Centro Hospitalar e Universitário de Coimbra. Coimbra. Portugal.
2. Serviço de Ginecologia e Obstetrícia. Instituto Português de Oncologia de Coimbra. Coimbra. Portugal.

Autor correspondente: Fabiane Neves. fabiane.am.neves@gmail.com

Recebido: 17 de abril de 2018 - Aceite: 18 de abril de 2018 | Copyright © Ordem dos Médicos 2018
https://doi.org/10.20344/amp.10616