Special series on uterine sarcomas

This special series focuses on uterine sarcomas, a group of rare and heterogeneous in diagnosis and prognosis.

Due to the rarity of the disease, sarcomas are often overlooked in research compared to other gynecological cancers which are also rare such as the ovary for example.

Some of the gynecological sarcomas have a high lethality regardless of the stage at diagnosis such as leiomyosarcomas for example. Unfortunately, it is difficult to have a sure preoperative diagnosis of sarcomas and to differentiate it from their benign counterpart (fibroids) as they often do not have typical features like ovarian cysts. In 2014, the FDA warned the gynecologist to avoid morcellation of uterine fibroids as neoplastic dissemination in the abdomen could lead to sarcomatosis and because 2.8 per 1,000 cases are estimated to be sarcomas.

As there is little scientific evidence, it is necessary to publish research articles on this topic in order to incentivize research.

With this series of articles, we would like to provide a multidisciplinary view of the most innovative currently available diagnostic and therapeutic strategies for uterine sarcomas.

There are many open questions:

- The problem of preoperative diagnosis. Ultrasound and radiological imaging Magnetic Resonance Imaging (MRI), Computerized Tomography (CT), Positron Emission Tomography (PET) have low sensitivity and specificity.
- The feasibility of conservative fertility treatment in women of reproductive age.
- The search for new biomarkers and potential targets for therapeutic agents.
- The need to report gynecological sarcomas in tertiary hospitals, where the surgeon has the experience to avoid the surgical fragmentation of the sarcoma and there are expert pathologists and molecular biologists.
- The choice of which chemotherapy regimen to adopt.

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Footnote

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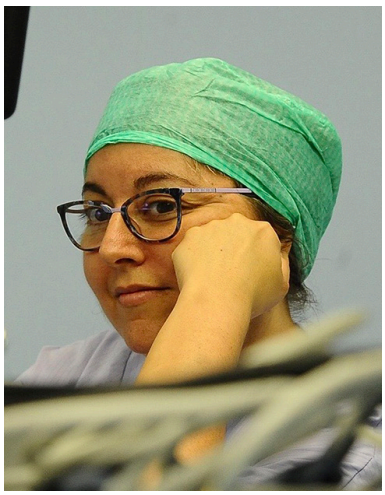

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