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Letter to the Editor

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# Letter to the Editor: comment on "Incidental gynecologic cancers who underwent surgery for pelvic organ prolapse"

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**Dear Editor,**

We read with great interest the article by Ismayilov et al.[1] on the detection of incidental gynecologic malignancies in patients undergoing surgery for pelvic organ prolapse (POP). The study offers valuable insights into the prevalence of occult malignancies in this population and highlights the ongoing debate regarding the necessity of preoperative screening in asymptomatic individuals. While the findings contribute meaningfully to the existing literature, we wish to elaborate on several key aspects of the study that warrant further discussion.

## ABSENCE OF INCIDENTAL MALIGNANCIES AND STUDY POWER CONSIDERATIONS

The study reports that no incidental malignancies were detected among the 107 patients undergoing POP surgery. This finding is somewhat unexpected, as previous meta-analyses have documented an estimated incidental malignancy rate of 1 in 77 for cervical cancer and 1 in 250 for endometrial cancer in similar cohorts.[2] The authors' results may be attributable to sampling bias or limited statistical power, given the relatively small sample size. Given the heterogeneity of incidental cancer detection rates in the literature, a larger multi-center cohort study would be necessary to determine whether the absence of malignancies in this study is reflective of a broader population trend or simply an artifact of limited sample size.

## DIAGNOSTIC SENSITIVITY OF PREOPERATIVE SCREENING MODALITIES

A significant discrepancy was observed between preoperative and postoperative diagnoses of endometrial polyps (p=0.0001), suggesting that preoperative endometrial sampling may have limited sensitivity in detecting intrauterine pathology. The authors correctly acknowledge that Pipelle biopsy, while commonly used, has an inherent false-negative rate, particularly in postmenopausal patients. The sensitivity of Pipelle sampling ranges from 80-98% in cases of endometrial cancer, but it declines for detecting focal intrauterine lesions, such as endometrial polyps and hyperplasia.[3]

Given the limitations of blind endometrial sampling, hysteroscopy has been increasingly recommended for the evaluation of intrauterine pathology, particularly in patients with risk factors for endometrial disease. Several studies have demonstrated the superior sensitivity of hysteroscopy compared to blind sampling techniques.[4] The omission of hysteroscopy from the preoperative workup in the present study may have contributed to missed diagnoses. Would the authors consider integrating hysteroscopy into routine preoperative assessment for high-risk patients undergoing POP surgery?

## THE INFLUENCE OF PATIENT-SPECIFIC RISK FACTORS ON MALIGNANCY DETECTION

The study population comprised 80.4% postmenopausal women, yet no cases of endometrial malignancy were detected. This raises questions about risk stratification and selection criteria. Known risk factors for endometrial malignancy include obesity, hypertension, diabetes, and nulliparity, all of which significantly increase the likelihood of occult gynecologic malignancy.[5] The study reports that 35% of patients had hypertension and 17.8% had diabetes, yet the relationship between these comorbidities and preoperative screening outcomes was not examined in detail.

A more detailed subgroup analysis assessing malignancy risk based on BMI, metabolic comorbidities, and family history of gynecologic cancers could have strengthened the study's conclusions. Would the authors consider conducting an expanded analysis to explore the potential role of individualized risk stratification in guiding preoperative screening strategies?

## CLINICAL IMPLICATIONS AND FUTURE DIRECTIONS

Despite the absence of incidental cancer cases, the study reinforces the importance of routine pathological examination of hysterectomy specimens in POP surgery. The detection of

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preinvasive cervical lesions in 4.7% of patients underscores the value of histopathologic assessment, even in the absence of overt preoperative abnormalities. This aligns with previous research advocating for universal pathological examination of surgical specimens to ensure the identification of clinically relevant premalignant conditions.[2]

However, considering the limitations of preoperative screening, we propose that future research should:

- Investigate the diagnostic utility of preoperative hysteroscopy, particularly in postmenopausal patients with risk factors for endometrial pathology.
- Conduct prospective studies with larger, multi-center cohorts to validate the findings.
- Explore individualized risk stratification approaches to enhance preoperative screening protocols for high-risk patients.

## CONCLUSION

The study by Ismayilov et al.[1] provides valuable preliminary data on the low prevalence of incidental malignancies in patients undergoing POP surgery. However, further large-scale studies with comprehensive risk stratification are needed to determine whether routine histopathologic evaluation remains the most effective strategy for early detection of occult malignancies. Additionally, the role of hysteroscopy in enhancing preoperative diagnostic accuracy warrants further investigation.

## ETHICAL DECLARATIONS

### Referee Evaluation Process

Externally peer-reviewed.

### Conflict of Interest Statement

The authors have no conflicts of interest to declare.

### Financial Disclosure

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### Author Contributions

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

## REFERENCES

1. Ismayilov T, Uzunay N, Esercan A. Incidental gynecologic cancers who underwent surgery for pelvic organ prolapse. *J Compr Surg.* 2024;2(4):93-96. doi:10.51271/JOCS-0044
2. Nicholson RC, Khunda A, Ballard P, Rees J, McCormick C. Prevalence of histological abnormalities in hysterectomy specimens performed for prolapse. A systematic review and meta-analysis. *Int Urogynecol J.* 2021;32(12):3131-3141. doi:10. 1007/s00192-021-04858-z
3. Kaur H, Qadri S, Nevill AM, Ewies AAA. The optimal endometrial thickness threshold for prediction of endometrial cancer in postmenopausal women without bleeding remains uncertain-systematic review and meta-analysis. *J Gynecol Obstet Hum Reprod.* 2024;53(10):102831. doi:10.1016/j.jogoh. 2024.102831
4. Wang JH, Zhao J, Lin J. Opportunities and risk factors for premalignant and malignant transformation of endometrial polyps: management strategies. *J Minim Invasive Gynecol.* 2010;17(1):53-58. doi:10.1016/j.jmig.2009.10.012
5. Raglan O, Kalliala I, Markozannes G, et al. Risk factors for endometrial cancer: an umbrella review of the literature. *Int J Cancer.* 2019;145(7):1719-1730. doi:10.1002/ijc.31961