LETTERS TO THE EDITORS

Computed tomography and locating ureters in relation to the uterine cervix

To the Editors: I would like to comment on 2 points made in a recent article by Hurd et al.1

First, the authors’ finding that 12% of the 52 women in their study had at least 1 ureter located <0.5 cm from the lateral cervix suggests an explanation as to why a surgeon is shocked to find that a ureter has been transected or obstructed during “a chip shot” benign hysterectomy, ostensibly accomplished without incident, while performing the usual “uterus hugging” extra-fascial hysterectomy technique.

The best interest of the patient will not be served if the authors’ final advice (ie, “routine intra-fascial placement of cervical pedicle clamps” in benign disease) continues to fall on deaf ears.

I laud the authors’ concluding statement that this study “supports routine intra-fascial placement of cervical pedicle clamps to minimize the risk to the ureter.” It also provides additional fuel to the fire of controversy, which may ultimately wrest routine extra-fascial hysterectomy from the dead hand of tradition. Those particular “ureters which are less than 0.5 cm” from the cervix await the “uterus huggers” who don’t habitually palpate the ureters before and after a “one click” clamp application on the extra-fascial paracervical pedicles.

Secondly, a tangential comment regarding the demonstration of unequal distances of the ureters and the cervix from the pelvic side walls, observed in Fig. 2: These variabilities are consistent with serendipitous finding of a right paravaginal break in the “suspension” mechanism of the upper third of the vagina, on the right side (ie, vaginal support level I [Delancey]). Note the sag of the right bladder base relative to the left; the increased distance of the right ureter to the pelvic side wall, and the same for the cervix. The cervix deviates to the left as it sags toward the “intact” tethered left side. The left cervical deviation is further illustrated when a line drawn from the linea alba, between the pyramidalis muscles, down to the coccyx. Comparative views of a similar defect may be seen in both cadaver and computer-assisted tomography scans, in a radiological atlas of comparative cross-sectional anatomy and computer-assisted tomography scans.2

Harvey T. Huddleston, MD

Shreveport, La

REFERENCES

6/8/118147