ing 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 variations are consistent with the 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). 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 is 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 computerized axial tomography scans, in a radiological atlas of comparative cross-sectional anatomy and computer-assisted tomography scans.2

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REFERENCES

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Reply
To the Editors: We would like to thank Dr Huddleston for his comments on our recent study. We agree with him that the results of our study may help to explain the surprisingly high risk of ureteral injury during routine hysterectomy. Based on the wide variation in distance between the ureter and cervix we found in our study, the classical intrafascial hysterectomy technique of leaving behind a small amount of cervical stroma with each pedicle appears to be a reasonable approach to minimizing ureteral injury. His second point is also of interest. We are uncertain why the cervix and the ureters seemed to be slightly deviated to the left in the patients we studied. However, Dr Huddleston’s observation that these findings are consistent with his own and others may be some assurance that the women we studied were a reasonably representative sample.1

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