

unclear what the correct answers are to these questions, these are decisions faced every day by oncologists.

A strength of population-based registry studies lies in the ability of these investigations to capture the way patients are actually treated in real world settings. We believe our findings clearly demonstrate that lymphadenectomy influenced treatment planning for endometrial cancer. We recognize that the publication of PORTEC-2 will likely decrease the magnitude of our findings in the coming years. However, in areas of clinical uncertainty, the data provided by lymphadenectomy have an important influence on management. ■

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Safety and efficiency of multiple square sutures to avoid peripartum hysterectomy

TO THE EDITORS: Bateman et al¹ reported an increased rate of hysterectomy for severe postpartum hemorrhage in the United States from 1994-2007. This study is pessimistic and does not reflect the high efficiency of new surgical procedures to stop severe postpartum hemorrhage. Indeed, the first publication on the very high success rate of multiple square sutures to control severe postpartum hemorrhage was in 2000;² therefore, it is normal that the application of this technique in routine practice and its positive consequences appear many years later. This explains the reason that there is no drop in peripartum hysterectomy rates. Indeed, multiple square sutures are very efficient to control severe postpartum hemorrhage when they are applied correctly.^{2,3} The rate of success is >90% on uterine atony.^{2,3} Moreover, fertility is preserved after multiple square sutures, and subsequent pregnancies are possible.^{2,3}

Since 2004, after the introduction of multiple square sutures in our department to control severe hemorrhage, we have observed a drop in hysterectomy rates after uterine atony during cesarean section delivery. Severe postpartum hemorrhage remains difficult to control in cases of placenta accreta or percreta, but rarely in the case of uterine atony, which is the most frequent situation.

Because severe postpartum hemorrhage that is not controlled by medical treatment is rare, even in big maternity centers, obstetricians should be trained to perform multiple

square sutures in emergency situations and on inanimate surgical models to avoid hysterectomy. ■

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REPLY

We appreciate the interest of Drs Alouini and Mesnard in our study. We share the authors' enthusiasm for uterine compres-