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Cancer is a major health problem that accounts for 23% of all deaths. Of the approximately 500,000 new gynecologic cases each year in a worldwide setting, more women are living and necessarily coping with stressors related to the cancer that may become chronic. Vulvar cancer represents one of the most stressful forms of gynecological cancer as surgery results in mutilation of outer genital organs and plastic reconstruction is of paramount importance to help women maintain an appropriate quality of life in their daily activities, including their sexual life. Ioannidis et al focus in their present case series on this matter by presenting their experience, showing that vulvar cancer surgery can be associated with excellent cosmetic outcome, when performed by experienced surgeons that have validated skills.

Minimally invasive surgery is the modern option for treating patients with surgical conditions and its use has been accepted in several cancer cases, including patients suffering from endometrial cancer. How-

ever, aggressive histological subtypes are associated with decreased survival and laparoscopic surgery has not been unanimously adopted. Similarly, the use of sentinel lymph node which minimizes morbidity from comprehensive lymphadenectomy seems to gain significant ground in our era. Endometrial cancer is the most prevalent forms of gynecological cancer in which minimally invasive techniques have been used. It remains however unknown whether laparoscopy may affect survival rates in more aggressive types that are not responsive to hormonal treatment. On the other hand, the use of sentinel lymph node does not seem to be affected by the grade of differentiation of tumors. In their review, Zachariou et al focus in this field to help clarify whether laparoscopic surgery is an acceptable route of surgery in patients with clear cell endometrial carcinoma and Pergialiotis et al revisit the technique of blue dye for the identification of sentinel lymph node.

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