Re: Peritoneal Washing Cytology in Gynecologic Cancers: Long-term Follow-up of 355 Patients

Zuna and Behrens (1) reported that peritoneal cytology was rarely positive in patients who otherwise had pathologic stage I disease. This rules out a meaningful role for peritoneal washings in terms of therapeutic decision making. Far more significant is the danger of false-positive interpretation (because a large number of benign conditions might be reported as positive cytology due to suboptimal surgical technique, or pathologic misinterpretation, or both) with unnecessary aggressive therapy that might harm the patient. On the other hand, if the patient does well, the physician might erroneously credit the aggressive therapy with the success.

The authors, as well as the distinguished pathologist who wrote the accompanying editorial, insist that peritoneal washings remain a necessary adjunct in gynecologic cancers. To the clinical oncologist, however, the potential for harm from false-positive peritoneal cytology would appear to be far greater than the benefit from true-positive cytology in early stage cancers of the female genital tract.

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References


Note

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