



Endometrial Cancer Treatment Included A Hysterectomy

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This review aims to examine relevant clinical trials and case studies with the intent of providing a need and a direction for further research on psychotherapy interventions for involuntary infertile premenopausal women. The review is focused around three main areas or themes; firstly, developing a psychological profile of an involuntary infertile premenopausal women; secondly the relevant psychotherapy interventions to manage the psychological elements within the profile; and finally examining if some interventions are more effective than others.

Endometrial cancer is usually treated with a kind of surgery referred to as hysterectomy.

During hysterectomy, a surgeon removes the uterus. They might also remove the ovaries and fallopian tubes, during a procedure referred to as a bilateral salpingo-oophorectomy (BSO). Hysterectomy and BSO are typically performed during an equivalent operation.

To learn if the cancer has spread, the surgeon also will remove nearby lymph nodes. This is referred to as lymph gland dissection or lymphadenectomy.

There is much belief in the positive effects of counseling and psychotherapies for involuntary infertility, however there is a scares amount of case studies and clinical trials relating to this specific area of research. This review aims to examine relevant clinical trials and case studies with the intent of providing a need and a direction for further research on psychotherapy interventions for involuntary infertile premenopausal women. The review is focused around three main areas or themes; firstly, developing a psychological profile of an involuntary infertile premenopausal women; secondly the relevant psychotherapy interventions to manage the psychological elements within the profile; and finally examining if some interventions are more effective than others.

Of the 416 results, 396 were excluded by the inclusion criteria designed to extract the information that would best assist in developing a psychological profile and beneficial therapies for involuntary infertile premenopausal women. The exclusion included removing duplicates, non-peer reviewed articles, literature reviews, case studies with poor statistical data, studies that could not be generalised and studies that had methodological issues.

The final sample (Table 1) consisted of 20 studies which represents 5.05% of the potential pool of 416 results. The studies were grouped in two sections, the first section included studies identifying psychological symptoms to infertility, cancer and involuntary childlessness. The second group included psychotherapy studies which was split up again into the type of intervention evaluated (some being included twice in different interventions).

As shown , 100% of the studies identified depression and overall quality of life as an issue within infertile women and women with cancer. 75% of the studies identified women with infertility problems were more likely to experience anxiety and work-related concerns. 63% of studies investigated feelings of loss and overall negativity in women with cancer and/or fertility issues. Half of the studies reviewed identified that women with infertility problems were more likely to have declining health over time. As per, feelings of anger, grief, self-esteem, inferiority, isolation and regret were also present in women with cancer-related and non-cancer related infertility concerns. Other issues outlined as a result of cancer or infertility included lower levels of exercise, lower levels of sexual desire and drive, higher instances of relationship issues, higher likelihood of smoking and alcohol use, higher levels of obesity and higher levels of insomnia.

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To the best of our knowledge, this study will be the first study that is done among Asian countries to explore mental health issues and its effect on mental health. This study will further guide the research community to work on the most similar and common mental issues in women.

Although guidelines do not support oncological follow-up beyond 5 years from surgery, oncologists should consider late recurrence of endometrial carcinoma in the differential diagnosis of women presenting with metastases of uncertain origin and prior history of this disease.