may be limited by increasing the number of SLNs sampled, not all detected nodes should be taken but only the first draining node in the channel pathway has to be removed and labeled as SLN. This strategy permits to perform a real SLN-mapping and avoids considering as SLNs non-SLNs which correspond in fact to distal migration of tracer beyond the true SLN.However, in case of truly separate channels which may correspond to distinct pathway, more SLNs should be sample.
Conclusions NIR fluorescence ICG demonstrated its ability for real-time intraoperative vizualisation and detection of SLN in early-stage cervical cancer.

IGCS19-0428

107 PRIMARY VAGINAL SARCOMA: CASE REPORT AND REVIEW OF THE LITERATURE

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Objectives The aim of this study is to describe a case of a patient with primary vaginal sarcoma and review of the literature.
Methods A patient with an anatomopathological diagnosis of Leiomyosarcoma of the vagina was included, who consulted the Gynecologic Oncology section of the Italian Hospital in Buenos Aires. A literature search was made through the PUBMED search engine and the MEDLINE database.
Results A 31 years old patient in a context of a gynecological routine control had been diagnosed with a high-grade sarcoma of the vagina. The lesion was on the right side, occupying part of the middle and upper third of the vagina. The cervix was macroscopically normal and respected. A Magnetic resonance reported a 55x35 mm heterogeneous lesion in contact with uterine cervix. The absence of distant disease was confirmed with a PET-CT.A Radical subtotal colpectomy was performed by laparotomical approach. A leiomyosarcoma was diagnosed at the final pathology report.
Conclusions Primary vaginal tumors are rare entities, represent 1–2% of malignant tumors of the female genital tract. The most frequent histological subtype is squamous cell carcinoma. Primary sarcomas represent only 2% of vaginal tumors. The combination of surgery and radiotherapy are valid treatment options. The small size of the analyzed series makes it difficult to standardize therapeutic behaviors. The best treatment strategy must be personalized.

IGCS19-0404

108 A SUBXIPHOID APPROACH TO THE RESECTION OF ENLARGED CARDIOPHRENIC LYMPH NODES IN PRIMARY TREATMENT OF ADVANCED OVARIAN CANCER

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10.1136/ijgc-2019-IGCS.108

Objectives To demonstrate a subxiphoid approach to the resection of enlarged cardiophrenic lymph nodes (CPLNs) in primary cytoreductive surgery for advanced ovarian cancer (OC).
Methods We assembled video footage from a primary debulking surgery performed for a patient with OC and cardiophrenic lymphadenopathy. The lymph nodes were resected in addition to the abdominopelvic tumor debulking, leaving the patient with no gross residual disease.
Results Key components of the subxiphoid approach for cardiophrenic lymphadenectomy are shown. These include entering the thoracic cavity by incising under the xiphoid process, resecting enlarged lymph nodes, and closing the defect. The vertical midline abdominal incision is extended to expose the xiphoid process. The CPLNs are identified. The pleural cavity may be entered to improve exposure. The surgeon can palpate the enlarged lymph nodes and remove them though the subxiphoid opening. After adequate hemostasis is achieved and a chest tube placed, the defect is closed.
Conclusions Using still photographs and video, we demonstrate the technique for accessing the mediastinum through a subxiphoid approach, obviating the necessity of entering through the diaphragm.

IGCS19-0421

109 LAPAROSCOPIC TREATMENT OF REFRACTORY CHYLOUS ASCITES AFTER ENDOMETRIAL CANCER SURGICAL STAGING

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Objectives Chylous ascites is a rare condition following gynecologic surgery, with an eminent clinical management. Refractory cases with persistent symptoms may occur.
Objective The main objective of this video is to demonstrate an alternative treatment for chylous ascites after lymphadenectomy in patients who did not respond adequately to a conservative clinical approach.
Methods In this case-report, a 52-year-old patient with a uterine Stage II G2 endometrioid adenocarcinoma underwent complete laparoscopic surgical staging. The initial procedure included a type B total hysterectomy with bilateral salpingoo-forectomy, with pelvic and para-aortic lymphadenectomy. Final report included 30 para-aortic and 22 pelvic lymph nodes, all free of disease.

Patient evolved with increased abdominal volume and discomfort on the 15th postoperative day, diagnostic/therapeutic paracentesis was performed, with a diagnosis of chylous ascites.

A conservative clinical management failed to control the symptoms. An alternative surgical treatment was offered with laparoscopic exploration.
Results This video demonstrates the surgical findings and the surgical technique. The patient received a high fat solution 6 hours before surgery. After draining all chylous ascites, the

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main lymphatic ducts at the level of left renal vein, and right common iliac vein were identified, cliped and suture ligated. There was an immediate resolution of the leakage, and the patient was discharged in the second postoperative day, without any complication. Outpatient follow-up was performed with control CT scans, with no evidence of new episodes of ascites.

Conclusions This laparoscopic approach was succesfull in a case of chylous ascites refractory to clinical management.

IGCS19-0182

110 LAPAROSCOPIC PARAORTIC LYMPHDENECTOMY BY ANATOMICAL HIGHLIGHTED LANDMARKS

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Objectives To demonstrate a laparoscopic stepwise approach to a paraortic lymphdenectomy based on anatomical landmarks.

Methods and interventions Complete endometrial cancer laparoscopic staging including hysterectomy, bilateral salpingoo-forectomy, omentectomy, pelvic and paraortic lymphdenectomy. Procedure was performed based on classical anatomical landmarks which were highlighted in post video production.

Results Safe stepwise complete endometrial cancer laparoscopic staging including hysterectomy, bilateral salpingoofor-ectomy, omentectomy, pelvic and paraortic lymphdenectomy. Procedure was performed based on classical anatomical landmarks which were highlighted in post video production.

Conclusions Laparoscopic paraortic lymphdenectomy is a complex procedure fraught with dangers. A stepwise approach allows for a clean, secure and complete procedure with diminished risks for the patient. We believe that a stepwise approach associated to highlighted landmarks improve teaching and education in surgical procedures.

IGCS19-0303

111 HIGH COMMON ILIAC SENTINEL LYMPH NODE IN UTERINE CERVICAL CANCER

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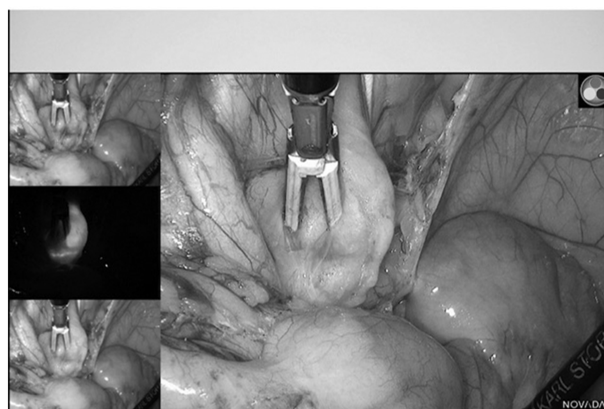
Objectives Demonstrate the finding and resection of sentinel lymph node in an unusual position, high in the common iliac area.

Methods Surgical Video.

Results Successful resection of sentinel lymph node in an unusual position, high in the common iliac area.



Abstract 111 Figure 1

Conclusions Successful identification and resection of sentinel lymph node in an unusual position, high in the common iliac area, is feasible and increase de detection of possible metastatic lymph node.

IGCS19-0074

112 PEDIATRIC ABDOMINAL TRACHELECTOMY FOR RHABDOMYOSARCOMA

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10.1136/ijgc-2019-IGCS.112

Objectives Embryonal rhabdomyosarcoma is treated using a multi-modal approach, which can include systemic chemotherapy, radiation, and surgery. When arising from the genital tract, the disease has a 5-year overall survival greater than 80%. However, many of these therapies can result in infertility, which is assured if hysterectomy is performed. Our objective is to describe within the pediatric population an alternative method of obtaining local control surgically through the fertility-sparing approach of an abdominal trachelectomy.

Methods Due to the very narrow vaginal anatomy in pediatric patients, a vaginal trachelectomy approach was not possible, and an abdominal approach was performed. The resection included the cervix and upper vagina. A near-infrared camera was used at the end of the procedure to confirm vascular perfusion to the uterus.

Results A 4-year-old female with a vaginal embryonal rhabdomyosarcoma previously treated with chemotherapy and intravaginal brachytherapy, presented with recurrence on MRI 1.5 years after completing treatment. She underwent a vaginoscopy that demonstrated a pedunculated mass arising from the proximal vagina. A biopsy confirmed recurrence of the primary tumor. Although nearly all visible tumor was resected, positive surgical margins required further surgical resection of a portion of the vaginal wall for local control and further systemic chemotherapy. She underwent an abdominal

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