

Laparoscopic intra-operative ultrasound-guided bilateral salpingo-oophorectomy in a BRCA2 mutated patient

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A 55-year-old woman was referred to our center, after diagnosis of germline BRCA2 mutation, for risk reducing laparoscopic salpingo-oophorectomy. In 2003, she underwent laparotomic Piver III radical hysterectomy and pelvic lymphadenectomy for International Federation of Gynecology and Obstetrics (FIGO) stage IB1 squamous cervical carcinoma. She also received bilateral ovarian transposition to the psoas muscle at the level of the renal vessels. She was then submitted to adjuvant external-beam radiation therapy (45 Gy) for positive Sedlis criteria. She had an abdominoplasty in 2005, and in 2014 she underwent emergency surgery for bowel occlusion due to extensive adhesions. For this reason, she had an abdomino-pelvic computed tomography scan showing adnexa localized above the psoas muscle: the left adnexum was at the level of L5, while the right one was at the L3-L4 level. At transvaginal ultrasound examination, no adnexa were seen in the pelvis. Risk reducing laparoscopic salpingo-oophorectomy was performed using the minimally invasive approach. At laparoscopy, extensive adhesions were found and carefully lysed. The left adnexum was identified on the psoas muscle as expected; on the other side, the right adnexum was not found, despite several attempts. A sterile, flexible laparoscopic probe was inserted through the 10 mm transumbilical trocar to detect the remnant ovary, which was localized medially to



video 1

the right psoas muscle, at the L2-L3 level. The entire surgery took 90 min, the post-operative course was uneventful, and the patient was discharged home the same day. Final histology confirmed the presence of healthy ovarian tissue. Laparoscopic intra-operative ultrasound prevented conversion to laparotomy, guiding the surgeon in a patient with anatomical alterations.

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