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## IGCS19-0359

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### PET-CT FINDINGS IN HIV-POSITIVE AND NEGATIVE PATIENTS WITH LOCALLY ADVANCED CERVICAL CANCER IN A SOUTH AFRICAN COHORT

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**Objectives** PET-CT imaging is commonly used as a staging tool to identify nodal involvement in locally advanced cervical carcinoma (LACC). The value of PET-CT for staging HIV-infected patients with locally advanced CC has not been previously described. We analyzed PET-CT findings in a cohort of patients with LACC in Cape Town, SA.

**Methods** Patients with LACC FIGO Stage IIb or IIIB, and were referred, on the basis of stage and the availability of bookings, for PET-CT/radiotherapy planning CT from January 2015 to December 2018. A team of expert nuclear medicine physicians and radiologists reported the PET-CT examinations. Descriptive statistics and chi-squared tests were used to compare patients with and without HIV.

**Results** A total of 286 patients underwent PET-CT. Eighty-nine patients (31.2%) were HIV-positive. Pelvic nodal involvement was notably found in 205 patients (72.4%), including 77.3% of those who had HIV and 70.3% of those who did not ( $p=0.22$ ); para-aortic nodal disease in 114 patients (42.7% of HIV+ vs 38.8% HIV-,  $p=0.53$ ); and distant disease in 55 patients (23.6% of HIV+ vs 17.3% HIV-;  $p=0.22$ ). In total, 223 patients (79.3%), including 81.8% of patients without and 75.0% of patients with HIV ( $p=0.31$ ), were prescribed standard fractionation EBRT. Twenty-two patients (7.8%) were

prescribed hypofractionated EBRT, and 36 patients (12.8%) palliative therapy. Five patients (1.7%) did not return.

**Conclusions** PET-CT imaging found no differences between LACC patients, with and without HIV, in nodal involvement or occult metastases and did not lead to, or justify, treatment differences.

## Surgical Films

## IGCS19-0157

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### INDOCYANINE GREEN-ASSISTED SENTINEL LYMPH NODE MAPPING IN EARLY-STAGE CERVICAL CANCER

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**Objectives** To describe step-by-step the technique of ICG injection and the real-time detection of pelvic Sentinel Lymph Nodes using near-infrared imaging.

**Methods** This is a surgical teaching video demonstrating SLN mapping in uterine cancer using assisted fluorescence imaging. One milliliter of Indocyanine green (2.5 mg/ml) is injected in 2 points into the cervix (deeply in the stroma and/or superficially in the submucosa) at 3 and 9 o'clock with a 22G needle under anesthesia at the beginning of the operation or after set-up of the surgical access.

**Results** We suggest opening first the entire retroperitoneal space along the external iliac vessels and to identify the ureter and the obliterated umbilical artery. This approach allows to observe the early drainage from the cervix through the parametrium by following the dye progression in the channels before any node is taken to ensure that the true draining SLN is identified and not missed. Although the false negative rate

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 visualization and detection of SLN in early-stage cervical cancer.

## IGCS19-0428

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### 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

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

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**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 through 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

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### 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 salpingo-oophorectomy, 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