

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.

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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.

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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.

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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