

main lymphatic ducts at the level of left renal vein, and right common iliac vein were identified, clipped 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 successful in a case of chylous ascites refractory to clinical management.

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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 salpingo-oophorectomy, 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 salpingo-oophorectomy, 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.

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111

HIGH COMMON ILIAC SENTINEL LYMPH NODE IN UTERINE CERVICAL CANCER

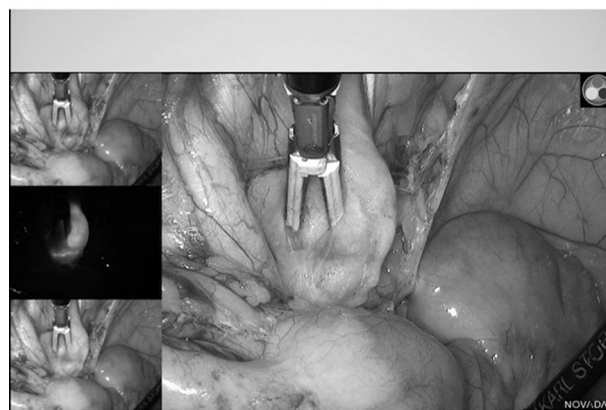
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Objectives Demonstrate the finding and resection of sentinel lymph node in an unusual position, high in the common iliac area.

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 the detection of possible metastatic lymph node.

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PEDIATRIC ABDOMINAL TRACHELECTOMY FOR RHABDOMYOSARCOMA

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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 vaginotomy 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