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 lymphadenectomy based on anatomical landmarks.

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

Conclusions Laparoscopic paraortic lymphadenectomy 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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**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.