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.

**IGCS19-0182**

**LAPAROSCOPIC PARAORTIC LYMPHDENECTOMY BY ANATOMICAL HIGHLIGHTED LANDMARKS**

R Fernandes*, SES Alexandre, C Anton, JP Mancusi Carvalho, M Araújo, ML Dias Genta, D Sampaio, G Miglino, A Dias Jr, IC Sadalla, JP Carvalho. Instituto do Cáncer do Estado de São Paulo – Faculdade de Medicina da Universidade de São Paulo, Gynecology and Obstetrics – Gynecology Oncology, São Paulo, Brazil

10.1136/ijgc-2019-IGCS.110

**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.

**IGCS19-0074**

**HIGH COMMON ILIAC SENTINEL LYMPH NODE IN UTERINE CERVICAL CANCER**

1JP Mancusi De Carvalho*, 2 de Souza Nobrega, 3 Pinto Fernandes, 4R de Souza Nobrega, 2R Pinto Fernandes, 3A Ribeiro Dias Junior, 3ML Nogueira Dias Genta, 2J Paula Carvalho. 1CESP/HCFMUSP, Ginecologia, São Paulo, Brazil; 2cespfhc/fcmusp, Ginecologia, São Paulo, Brazil

10.1136/ijgc-2019-IGCS.111

**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.

**IGCS19-0303**

**PEDIATRIC ABDOMINAL TRACHELECTOMY FOR RHABDOMYOSARCOMA**

1L Moukarzel*, 2 Heaton, 3N Abu-Rustum, 1Memorial Sloan Kettering Cancer Center, Gynecology Service Department of Surgery, New York, USA; 2Memorial Sloan Kettering Cancer Center, Pediatric Surgery, New York, USA; 3Memorial Sloan Kettering Cancer Center, Gynecologic Service Department of Surgery, New York, USA

10.1136/ijgc-2019-IGCS.112

**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 intra-vaginal brachytherapy, presented with recurrence on MRI 1.5 years after completing treatment. She underwent a vaginoscopy 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

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 increases the detection of possible metastatic lymph node.
trachelectomy with preservation of the entire uterus, the majority of the vagina, and negative surgical margins were obtained. She recovered well and is currently undergoing chemotherapy.

Conclusions To our knowledge, this is the youngest patient having undergone an abdominal trachelectomy. This approach appears to be safe in the pediatric population.

IGCS19-0158

113 IDENTIFICATION AND CORRECTION OF BOWEL INJURIES AS A RESULT OF PERFORATION WITH A UTERINE MANIPULATOR, USING THE ROBOTIC PLATFORM

S Pedro Nobre*, OT Filipova, M Leitao. Memorial Sloan Kettering Cancer Center, Department of Surgery, New York, USA

10.1136/ijgc-2019-IGCS.113

Objectives To demonstrate use of the robotic platform to identify and repair intraoperative bowel injuries secondary to perforation with a uterine manipulator.

Methods We present video footage and still photographs of bowel injuries after perforation with a uterine manipulator, in a patient with grade 2 endometrial cancer.

Results We demonstrate the identification of both large and small bowel defects after perforation with a uterine manipulator, and their correction using the robotic platform. Emphasis is placed on key components of the procedure, including correctly identifying anatomy, avoiding immediate removal of the manipulator so as to clearly identify the extent of the defect, and meticulous adhesiolysis and suturing technique. A through-and-through defect in the sigmoid colon is identified, and both sides are repaired in two layers using 3-0 PDS suture in a running fashion. The first layer is run, incorporating full thickness bites to reapproximate the bowel mucosa. A second, imbricating layer is placed with interrupted suture to reinforce this closure. Another defect is identified in the small bowel, and repaired similarly; however, both the first and second layers are placed in an interrupted fashion. Both defects are closed to avoid narrowing the lumen of the bowel. The bowel is then run in its entirety to identify any other defects.

Conclusions We demonstrate that with prompt identification, gradual removal of the manipulator, and careful dissection, correction of bowel injury after perforation with a uterine manipulator can be achieved using the robotic platform, without obligatory conversion to laparotomy.

IGCS19-0165

114 SURGICAL TIPS AND MODIFICATIONS OF TECNIQUE TO IMPROVE PROBLEMS ENCOUNTERED DURING THE LEARNING CURVE FOR ROBOTIC INGUINOEMORAL GROIN NODE DISSECTION FOR EARLY STAGE VULVAR CANCER

T Shyloore*. Professor, Gynaecological Oncology, mumbai, India

10.1136/ijgc-2019-IGCS.114

Objectives Techniques to improve the initial problems encountered during robotic groin node dissection.

Methods The problems encountered in the initial five robotic groin node dissections with regards to anatomical muscle miss and enbloc removal of superficial and deep groin nodes were addressed by changing surgical techniques during node dissection.

Results Improved techniques led to standardization of the procedure.

Conclusions Issues and tips for Improvement in surgical techniques especially in novel areas like robotics surgery is addressed.

E-Poster Viewings

19–21 September

Basic – Translational science

IGCS19-0305

115 THE INVASIVENESS ROLE OF PGRMC1 IN CERVICAL CANCER CELL

1SJ Chang*, 2YJ Chen, 3HC Chou, 2HL Chan. 1Hsinchu MackKay Memorial Hospital, Department of Obstetrics and Gynecology, Hsinchu, Taiwan R.O.C; 2National Tsing Hua University, Institute of Bioinformatics and Structural Biology, Hsinchu, Taiwan R.O.C; 3National Tsing Hua University, Department of Biomedical Engineering and Environmental Sciences, Hsinchu, Taiwan R.O.C.

10.1136/ijgc-2019-IGCS.115

Objectives Cervical cancer remains a severe disease among the female population, although the mortality rate of cervical cancer is declined due to the widespread applications of Pap smear tests and vaccination. Once patients were diagnosed with metastatic cervical cancer, it usually came with poor prognosis. Therefore, it is important to elucidate the molecular mechanisms underlying cervical cancer invasion.

Methods In this study, we used 2D-DIGE, MALDI-TOF/TOF MS, and small interfering RNA to discover the potential biomarkers in a pair of cervical cell lines HeLa and its invasive partner HeLa-I5. The marker expression in metastatic cervical cell line Ca Ski and ME-180 and in cervical tissue microarray were further examined.

Results There were 68 proteins differentially expressed between the proteomic profiles of HeLa and HeLa-I5. Functional ontology annotated these proteins are mainly in groups of glycolysis, cytoskeleton, protein folding, and redox regulation. In which, one of the potential candidates called progesterone receptor membrane component 1 (PGRMC1) was higher expressed in HeLa-I5. By using RNAi to knockdown PGRMC1 expression, the abilities for cell proliferation, transwell migration, and invasion were significantly reduced in HeLa-I5, Ca Ski, and ME-180. Further, higher PGRMC1 expression in grade 3 cervical cancer tissues was observed.

Conclusions PGRMC1 plays an essential role in mediating cell metastasis as well as progression in cervical cancer cells and might be a potential target for the treatment of cervical cancer. The clinical application of PGRMC1 needs to be further evaluated.