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

IGCS19-0182

110 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 salpingooforectomy, 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 salpingooforectomy, 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.

IGCS19-0303

111 HIGH COMMON ILIAC SENTINEL LYMPH NODE IN UTERINE CERVICAL CANCER

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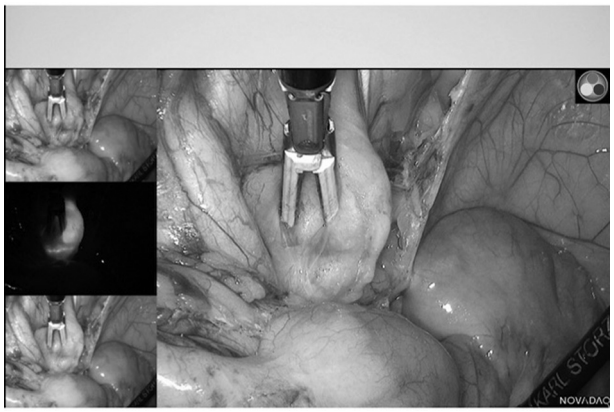
10.1136/ijgc-2019-IGCS.111

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.



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 de detection of possible metastatic lymph node.

IGCS19-0074

112 PEDIATRIC ABDOMINAL TRACHELECTOMY FOR RHABDOMYOSARCOMA

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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 intravaginal 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

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

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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 INGUINOFEMORAL GROIN NODE DISSECTION FOR EARLY STAGE VULVAR CANCER

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10.1136/ijgc-2019-IGCS.114

Objectives Tecniques 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 tecniques during node dissection.
Results Improved tecniques led to standardization of the procedure.
Conclusions Issues and tips for Improvement in surgical tecniques 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

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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.