

IGCS19-0251

142 DETECTION OF SENTINEL LYMPH NODE IN PATIENTS WITH EARLY-STAGE CERVICAL CANCER OF PATENT BLUE, IN GYNECOLOGIC ONCOLOGIC UNIT, OSECAC

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10.1136/ijgc-2019-IGCS.142

Objectives To evaluate the detection percentage of the sentinel lymph node (SLN) and its location. Determine whether performing only SLN reduces morbidity.

Methods This is retrospective descriptive study. Between Jan/2015, and Sep/2018. 61 women with CC were operated (epidermoid and adenocarcinoma lineage). 19 Mini Invasive Surgeries (MIS) and 42 Radical Hysterectomy Type C (ARHT) were performed. 41 cases, SLN detection (MIS 19 and ARHT 22) were performed. In 37 patent blue was injected for SLN detection. Of these, in 32, the pelvic lymphadenectomy (PL) was completed in addition to the SLN detection and in nine patients, only the SLN detection was performed.

Results In 4.87% (2/41) did not stain the SLN, in 17.08% (7/41) were detected unilaterally and in remain 78.05% (32/41) they were found bilaterally. In 19.56%, localization was obtained in unusual places (8/41). The patients in PL group had 29.4% (5/20) of complications related with de surgical procedure, in the SLN+PL had 18.9% (6/32) of complications related with de surgical procedure, and the only SLN not have any complication related with de surgical procedure.

Conclusions The SLN allows the detection of the first node in 78.05% bilaterally with 19.56% finding it in non-usual PL sites and with a low rate of complications related to PL. This technique is a valid alternative for centers that do not have the technological infrastructure to implement detection with indocyanine green. These results encourage the initiation of this modality in selected cases. To be able to advance in research lines that increase the detection of SNL.

IGCS19-0688

143 RESIDUAL LESION POST CERVICAL CONIZATION IN CERVICAL CARCINOMA

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10.1136/ijgc-2019-IGCS.143

Objectives To determine the presence of residual disease in the radical surgery specimens in patients carrying stage Ia1-Ib1 cervical carcinoma.

Methods Retrospective study, 21 stage Ia1-Ib1 cervical cancer patients were included. Period: 1- 2005 to 12-2018. All were submitted to a diagnostic cervical conization followed by radical surgery.

Results FIGO stage was Ia1 in 4 patients, Ia2 in 2 and Ib1 in 15. Surgical margins were negative in 7 conization specimens (36.4%), among this cases only 2 were positive in the radical surgery (1 for HSIL and 1 for a 3 mm invasive carcinoma). Margins were positive in 14 (63.6%) cases; 4 (28,6%) by high-grade intraepithelial lesion and 10 (71,4%) for invasive carcinoma. Radical surgery specimens showed the presence of carcinoma in 7 pts (31.8%) (5 Type C Radical Hysterectomy 71,4%, 1 trachelectomy 14,3% and 1 Pelvic Lymphadenectomy 14,3%), HSIL in 1 hysterectomy (4,5%), and absence of residual disease in 15 cases (68,1%) (10 Type C Radical Hysterectomy 73,3%, 1 hysterectomy 6,6% and 3 trachelectomy 20%). Age above 34 years, postmenopausal state, presence of symptoms, positive margins in the conization and stage Ib were associated with a higher incidence of residual lesion in the radical surgery specimen

Conclusions Variables like age, hormonal status, and positive margins and histological type of the tumor are factors to be considered in the prediction of residual postconization lesion.

IGCS19-0744

144 UTERINE TRANSPOSITION: CLINICAL CASE REPORT

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10.1136/ijgc-2019-IGCS.144

Objectives Conserving Therapy in cervical cancer has a wide range of surgical interventions from cone biopsy to different variants of radical trachelectomy. The accomplishment of radical trachelectomy in about 10% of all cases is not successful in conserving operating, owing to intraoperative findings of regional lymph nodes metastasis or inability to have intact resection edge. Meanwhile, some patients require adjuvant radioteraphy because of large size of primary cervical tumor.

Methods We report a 23-year-old woman, with stage Ib2 cervical cancer. The patient had not had pregnancies so she insisted on preserving fertility. MRI tumor size was about 45x21x42mm and metastatic lesions were not detected. At the first step, three courses of taxanes and platinum-based chemotherapy were conducted, as well as GnRHα therapy to interrupt menses. The second step was a radical trachelectomy with uterus transposition, was held in 2018. The oncological stage of operation corresponded to a radical abdominal trachelectomy. Uterus blood supply was ensured by IP-ligaments, which are stood out about 15cm on each side. Due to this method, uterus and ovary mobility was achieved. It made uterus transposition paraumbilically possible so that created conditions for performing the radiotherapy. At the third step, the combined radiotherapy was provided according to standards. After three months a uterine reposition with utero-vaginal anastomosis was conducted.

Results At present, our patient's menses have been recovered. After six months of follow-up she has no sign of recurrence.

Conclusions Uterine transposition is feasible after radical trachelectomy with preserve fertility. Undoubtedly, further studies of effectiveness and safety are required.