Interventions We planned to perform laparoscopic restaging surgery to obtain knowledge about the stage. Laparoscopic restaging surgery included peritoneal washing cytology, LAVH, pelvic lymphadenectomy, para-aortic lymphadenectomy, omentectomy, appendectomy, and multiple peritoneal biopsies. We encountered about 6 cm sized isolated huge para-aortic lymph node metastasis just before the para-aortic lymphadenectomy. Peritoneal incision was made from right common iliac artery to the duodenum. The bulky nodes were excised and severely densely adhered to important aorta and inferior vena cava. We detached peri-nodal tissue from the vessels meticulously not to rupture metastatic nodal capsule. Resected nodal specimen carried in the endo pouch was extracted though the opened vaginal vault. The final histopathological results showed lymph node metastases of 4 out of 44 para-aortic lymph nodes and the other of resected tissues were tumor-free. The final diagnosis was FIGO stage IIIC of ovarian serous carcinoma. She is receiving chemotherapy at this time and healthy since then.

Conclusions Our experience indicate that laparoscopy is a feasible and safe approach to resection of bulky para-aortic lymph node metastasis during laparoscopic debulking surgery for gynecologic malignancies.

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471 EXTRAPERITONEAL LAPAROSCOPIC PELVIC LYMPHADENECTOMY FOR CERVICAL CANCER STAGING IN TWIN PREGNANCY

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Introduction In locally advanced cervical cancer the lymph node staging surgery is used to determine the disease spread before definitive treatment. Regarding pregnancy complicated by this neoplasm, a patient’s wish should guide individualized approaches to possibly postpone chemoradiation and reduce fetal complications. The aim of this study is to demonstrate the extraperitoneal technique and to show the anatomy from an unusual angle in order to spread knowledge.

Methods We present a case of a 39-year-old woman with squamous cell carcinoma staged as FIGO IB2 diagnosed at 8 weeks of gestation due to a vaginal bleeding. Her first ultrasonography revealed a monochorionic diamniotic twin gestation. At 16 weeks we performed an extraperitoneal pelvic lymphadenectomy with bilateral access followed by an amplified conization and cervical cerclage.

Results The operative length was 320 minutes, 220 minutes for bilateral lymphadenectomy. Blood loss was minimal and the patient remained stable throughout the procedure. On the first postoperative day, she had moderate pelvic pain requiring opioid use. An obstetric ultrasonography was performed on the second postoperative day before hospital discharge, in which both fetuses had heartbeat, amniotic fluid was normal and the remaining cervix measured transvaginally was 1 cm.

Conclusions Despite being underused by surgeons, the extraperitoneal laparoscopic approach for pelvic lymphadenectomy is feasible. Particularly in twin pregnancies, where the uterus size may hinder access to pelvic spaces, this route becomes useful not only to avoid abdominal organs or vessels injuries but also to decrease future intestinal adhesions.

IGCS20_1165

475 INTRAABDOMINAL LAPAROSCOPIC PRIMARY DEBULKING SURGERY IN A PATIENT WITH RECURRENT OVARIAN CANCER IN CASE OF LAPAROSCOPIC PELVIC Lymphadenectomy

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Objective To investigate the feasibility of laparoscopic primary debulking surgery in patients with recurrent ovarian cancer.

Methods We present a case of a 40-year-old woman who presented with a 2 cm tumor in the left ovary. She underwent a total hysterectomy and bilateral salpingo-oophorectomy at 18 years old. After recurrence, she was treated with a systemic chemotherapy (ABCD) and underwent a second laparoscopic surgery with pelvic lymphadenectomy. Despite the absence of ascites and peritoneal lesions, a second laparoscopic debulking surgery was performed with the aim of achieving a complete tumor resection. The patient was discharged 7 days after surgery with no complications. She is under follow-up and has not presented relapse of her disease.

Conclusion Laparoscopic primary debulking surgery is feasible in patients with recurrent ovarian cancer, allowing a complete tumor resection and potentially improving the prognosis.

IGCS20_1157

476 LAPAROSCOPIC PRIMARY DEBULking SURGERY IN A PATIENT WITH RECURRENT OVARian CANCer IN CASE OF LAPAROSCOPIC PELvic lymphadenectomy

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Conclusion Laparoscopic primary debulking surgery is feasible in patients with recurrent ovarian cancer, allowing a complete tumor resection and potentially improving the prognosis.