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ROBOTIC ILEAL NEOVAGINA
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Introduction Patients submitted to pelvic exenteration with wet colostomy have limited options for vaginal reconstruction. The objective of this video is to demonstrate that vaginal reconstruction (neovagina) using the ileal segment as an alternative for these patients.

Methods We present an educational video demonstrating step-by-step the technique for robotic ileal neovagina.

Results A 28 years old patient was submitted to a pelvic exenteration and reconstruction with terminal wet colostomy due to a late central recurrence after chemoradiation for Stage IIIB cervical cancer. After 3 years of follow-up, there was no evidence of recurrence, and an ileal neovaginal reconstruction was performed. This video demonstrates a surgical technique, using approximately 25–30 cm of the distal ileum segment. This isolated segment formed the neovagina and was anastomosed to the remaining vaginal dome. The patient had good postoperative recovery and in a couple months recovered sexual function.

Conclusions Robotic ileal neovagina is an option for patients who had pelvic exenteration with wet colostomy.

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ROBOTIC ASSISTED LAPAROSCOPIC RESECTION OF RECTOVAGINAL CLEAR CELL CARCINOMA MASS ARISING FROM ENDOMETRIOSIS
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Introduction Increasing evidence indicates there is malignant transformation of ovarian and non ovarian endometriosis into mainly endometrioid, and clear cell histologies. Patients that have suspicious symptoms, physical exam findings, or abnormal imaging studies should be evaluated to rule out malignancy. We briefly review the patients history and surgical case as the disease can be elusive.

Methods This is a surgical case report involving a single patient. The provider is a Gynecologic Oncologist and minimally invasive surgeon that has extensive experience in the treatment of endometriosis. The surgical technique for endometriosis resection and ovarian cancer debulking is reviewed in this video.

Results Pathology specimens of the vaginal cuff/vagina, iliocelecum, and appendix were positive for clear cell carcinoma. Negative margins were achieved at the vagina.

Conclusions Robotic assisted laparoscopy is feasible and may be preferable for debulking/resection of complex masses in the rectovaginal space in obese patients.