Laparoscopic pelvic and lumbo-aortic lymphadenectomy and hysterectomy by total left lateral approach

Catarina Castro Vieira ,[1] Pauline Chauvet,[2,3] Feras Sendy,[2,3] Nicolas Bourdel[2,3]

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[1]Department of Gynecology and Obstetrics, Hospital de Braga, Braga, Portugal
[2]Department of Obstetrics and Gynecology, CHU Estaing Pôle Femmes et Enfants, Clermont-Ferrand, Auvergne-Rhône-Alpes, France
[3]Faculty of Medicine, Université Clermont Auvergne, Clermont-Ferrand, Auvergne-Rhône-Alpes, France

Correspondence to
Dr Catarina Castro Vieira, Department of Gynecology and Obstetrics, Hospital de Braga, Braga 4710-243, Portugal; catarina.cv.16@gmail.com

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This video shows a complete left lateral laparoscopic surgical approach for the treatment of endometrial carcinoma in a patient with major pelvic adhesions due to previous surgeries.

In a French university tertiary care hospital, a 73-year-old patient presented with post-menopausal bleeding and was later diagnosed with a grade 3 serous endometrial carcinoma with suspected uterine serosa, cervix, and iliac and latero-aortic lymph node involvement. It was decided to perform a total laparoscopic hysterectomy, bilateral adnexectomy, and pelvic and lumbo-aortic lymphadenectomy.

Previous abdominal interventions, including colon resection because of a volvulus and the placement of

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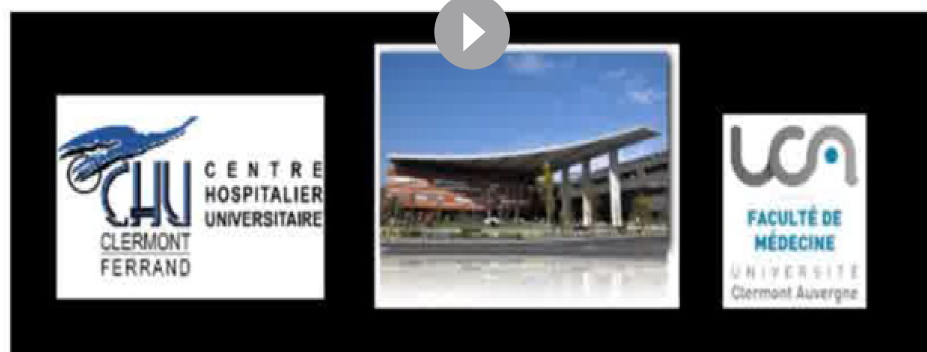
LAPAROSCOPIC PELVIC AND LUMBO-AORTIC LYMPHADENECTOMY AND HYSTERECTOMY BY TOTAL LEFT LATERAL APPROACH

Catarina Vieira[1], Pauline Chauvet[2,3], Feras Sendy[2,3], Nicolas Bourdel[2,3]

1 – Hospital de Braga, Rua Sete Fontes, 4710-243 São Victor, Braga, Portugal
2 - Department of Obstetrics and Gynecology, CHU Estaing, 1 rue Lucie et Raymond Aubrac, 63003 Clermont Ferrand, France.
3 - Université Clermont Auvergne, Faculty of Medicine, Place Henri Dunant, 63001 Clermont Ferrand, France.



Video 1

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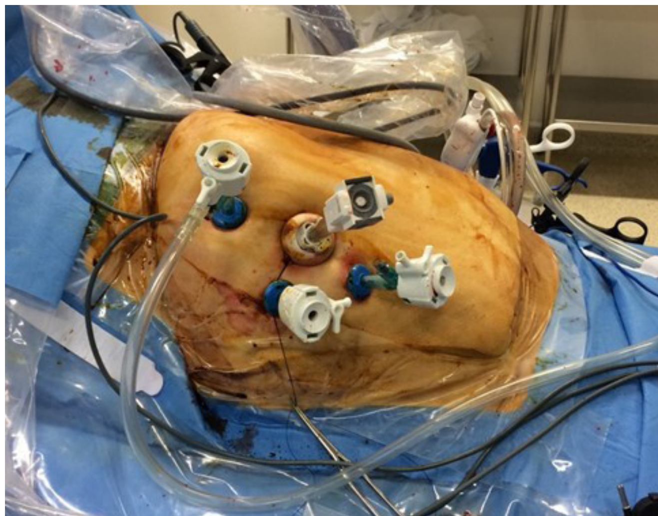

Figure 1 Image showing the placement of all four trocars on the left side of the abdomen.

two abdominal wall meshes for a midline hernia and a left Spiegel hernia, considerably augmented the risk of adhesions. For that reason, a retroperitoneal approach was considered.

A total left lateral laparoscopic approach, with placement of all four trocars on the left side of the abdomen (Figure 1), and total hysterectomy with bilateral adnexectomy, bilateral pelvic and lumbo-aortic lymphadenectomy until the level of the left renal artery were carried out, always maintaining the left retroperitoneal approach (Online Supplemental File 1).

Laparoscopy is possible for the treatment of endometrial carcinoma, even in the presence of major pelvic adhesions due to multiple previous abdominal surgeries.[1] A retroperitoneal approach, classically used for lumbo-artic lymph node dissection, can also enable pelvic lymph node dissection and total hysterectomy.[2]

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ORCID iD

Catarina Castro Vieira http://orcid.org/0000-0001-7068-9577

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2 Gałczyński K, Chauvet P, Canis M, *et al*. Laparoscopic extraperitoneal lumboaortic lymphadenectomy in 10 steps – Let's make it easier! *Gynecol Oncol* 2016;143:448–9.

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