



# Laparoscopic radical pelvic dissection for safely removing a large cervical myoma

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The large cervical myoma can occupy space in the pelvic cavity, shift the position of the ureter, and engorge the uterine artery and vein, resulting in a high degree of difficulty in performing the necessary surgery.<sup>1,2</sup> Radical laparoscopic hysterectomy is commonly performed for cervical cancer, and techniques used for malignant tumor surgery may prove useful for benign cases with a high level of difficulty.<sup>3</sup> The aim of [video 1](#) is to introduce techniques that are commonly applied in malignant tumor surgery in order to safely perform total laparoscopic hysterectomy for a large cervical myoma. A 53-year-old G2P1 woman presented at our clinic with symptoms of right lower abdominal pain and urinary frequency without previous disease and surgical history. Abdominopelvic examination revealed a 14-week-sized uterus filling the posterior side of the corpus uteri and extending to the isthmus uteri and cervical channel. Abdominal ultrasonography showed a 10 cm diameter cervical myoma located behind the right side of the uterus.

Prior to being scheduled for surgery, she had a consultation with a gynecologic oncologist. Tumor marker and endometrial biopsies were negative. Considering the likelihood of a benign disease, we performed a total laparoscopic hysterectomy for this patient using the techniques commonly used in malignant tumor surgery, such as ureterolysis, transection of the anterior layer of the vesicouterine ligament, isolation of the ureter, and dissection of the rectovesical space (Okabayashi and Latzko space). This video presents a systematic, minimally invasive approach to performing a hysterectomy for cervical myoma, highlighting the technical and anatomic aspects that can facilitate the procedure. The patient experienced no intraoperative complications, and an intraoperative frozen section diagnosis ruled out malignancy. Total intraoperative blood loss was 150 mL, the total weight of the uterus was 1250 g, and the operation lasted about 120 min. The patient was discharged on the third day and did not exhibit any problems at follow-up.

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Video 1

## Video article

Finally, pathology confirmed the tumor as a cervical myoma. Our video shows that, in a referral center, laparoscopic management of large myomas in difficult locations appears to be a feasible and safe surgical option, especially when the surgeon has experience of using techniques for malignant tumor surgery.

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