HOW TO DO RETROPERITONEAL EN BLOC POSTERIOR PELVIC EXENTERATION IN ADVANCED OVARIAN CANCER: HUDSON-DELLEPIANE PROCEDURE IN 10 STEPS

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Introduction/Background* The aim of cytoreduction in advanced ovarian cancer is complete removal of gross disease. Retroperitoneal approach is crucial in radical surgery for advanced ovarian cancer. Hudson-Delle Piane is a radical procedure which allows en-bloc removal of uteros, ovaries, pouch of Douglas peritoneum, recto sigmoid with a retrograde approach in cases where recto-sigmoid sparing is not an option.

Methodology We present an educational video on how to perform retroperitoneal en bloc posterior pelvic exenteration in advanced ovarian cancer with a step-by-step procedure. The patient was a 52-year-old woman, with body mass index of 21.1 who presented with abdominal pain and distention; the CT-scan showed peritoneal carcinomatosis. The different phases of the Fagotti’s score performed at diagnostic laparoscopy to triage for the operability, are demonstrated. The Vizzelli’s score was used to determine the risk of post-operative complications in case of primary debulking surgery is also presented.

Result(s)* Immediately after the diagnostic laparoscopy a conversion to laparotomy with a cytoreductive surgery was performed. The Hudson-Delle Piane technique is demonstrated in 10 steps. The surgery lasted 360 minutes and the estimated blood loss was 400 ml. No peri-operative complication was recorded. The histology revealed a FIGO stage IIIC high-grade serous ovarian cancer.

Conclusion* By presenting these 3 patients, our goal is to raise awareness of the possibility of GTS and to emphasize the importance of adequate treatment.

THE ROLE OF CYTOREDUCTIVE MULTIVISCERAL SURGERY IN OVARIAN GROWING TERATOMA SYNDROME – CASE SERIES

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Introduction/Background* Immature teratomas are rare germ cell ovarian tumours occurring in about 1% of ovarian cancers. Growing Teratoma Syndrome (GTS) is a rare clinical situation where seemingly successful chemotherapy is followed by a rapid tumor progression, while tumour markers normalize. Despite radiological progression, the phenomenon is characterised by the maturation of the teratoma, and in most cases there is hardly any immature component left. In these rare cases radical surgical treatment is usually effective and can lead to complete recovery.

Methodology case report

Result(s)* A joint working group of the Department of Gynecology and Department of Genitourinary, Medical Oncology and Clinical Pharmacology of the National Institute of Oncology, Hungary diagnosed three immature ovarian teratoma cases with extended pelvic/abdominal tumor mass which showed progressive growth during and following chemotherapy. In all three cases, we had to perform multivisceral cytoreductive surgery with peritonestomy leading to complete cytoreduction. All patients are currently tumor-free. Postoperative histological findings showed 80-100% maturation, one of them operated 19 years after the primary treatment.

Conclusion* By presenting these 3 patients, our goal is to raise awareness of the possibility of GTS and to emphasize the importance of adequate treatment.
detected in 18/20 cases (90%) with exclusive paraortic drainage in 5/18 (28%), pelvic in 1/18 (6%) and in both territories in 12/18 (66%). Overall para-aortic drainage was observed in 17/18 (94%) patients (35% supramesenteric, 30% at the level of the inferior mesenteric artery, and 35% inframesenteric). 100% of aortic SLNs were detected with a gamma probe after being visualized with the gamma camera. In the 8 patients who underwent lymphadenectomy, 1 case had positive nodes diagnosed by ultrastaging and the rest of the lymph nodes were negative. No complications related to the technique were observed.

Conclusion* The SLN technique is feasible and safe. The intraoperative gamma camera shows the lymphatic map and is especially useful in the paraortic region.