minimally invasive secondary cytoreductive surgery for celiac and cardiophrenic isolated nodal recurrence of ovarian cancer

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Introduction Despite the advances in cytoreductive efforts and frontline chemotherapy in advanced ovarian cancer (OC), recurrence is a common event, with >70% of women experiencing relapse within two years of from diagnosis. The standard treatment for recurrent ovarian cancer (ROC) patients has been traditionally represented by systemic chemotherapy; however, this concept has been recently recognized as presenting a greater level of complexity given the influence of histotype, status of BRCA genes, previous antiangiogenetic treatment and greater level of complexity given the influence of histotype, status of BRCA genes, previous antiangiogenetic treatment and pattern of relapse presentation. Several retrospective studies, as well as randomized prospective trials suggested that secondary cytoreductive surgery (SCS) could provide better oncological outcomes in platinum-sensitive ROC patients, in case of complete cytoreduction, which has to be considered the goal to be achieved.

Description As far as lymph node relapse is concerned, some biological and clinical lines of evidence suggest that lymph node recurrences from OC would be better managed with SCS than medical treatment alone, given a relatively more indolent clinical behaviour compared to parenchymal and peritoneal disease. However, the documentation of lymph nodes metastasis in the hepatoceliac and cardiophrenic region at the time of SCS might be considered as a challenging clinical and surgical scenario. Although surgical management by minimally invasive surgery (MIS) could be expected to represent a demanding task in SCS, this video provides a step-by-step description of the surgical technique adopted for hepatoceliac and cardiophrenic lymph nodes resection.

Conclusion MIS is feasible and could be a viable option for selected cases of ROC, minimizing the intra- and post-operative complications.