

Celiac lymph node dissection and peri-hepatic peritonectomy in 10 steps

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SUMMARY

Ovarian cancer is the gynecological malignancy with the highest mortality rate in developed countries, with 75% of patients diagnosed at an advanced stage. Its therapeutic management is based on complete cytoreductive surgery combined with platinum and taxane-based chemotherapy.¹ Performing cytoreduction procedures in a high-volume ovarian cancer

expert center has been shown to improve patient survival.² The cytoreductive operations for peritoneal malignancies can demand a dissection of the middle upper quadrant where high preoperative tumor burden is associated with poorer survival.³

To facilitate the understanding of the peri-hepatic region, we propose in this video an anatomical approach to the celiac trunk and the 10

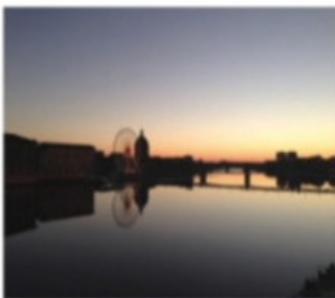
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Video 1 Celiac lymph node dissection and peri-hepatic peritonectomy in 10 steps; a figure of the celiac trunk in final view is attached.



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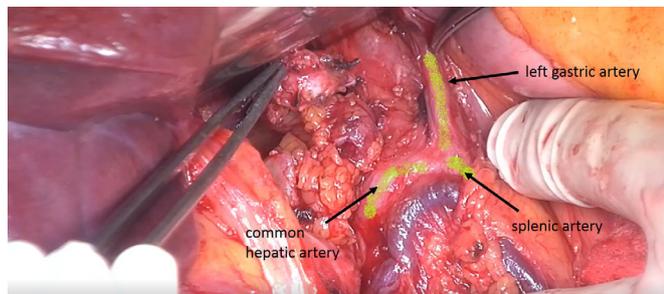


Figure 1 Final view of the dissection with the celiac trunk in yellow and the lymph nodes in the left of the picture.

essential surgical steps of its access, including resection of the lesser omentum, dissection of the celiac trunk and portal vein to ensure complete dissection of the celiac nodes, and total removal of all tumor implants. Anatomical knowledge of the celiac vasculature and its variations, with careful reading of preoperative imaging, are essential steps in the procedure in order to limit the surgical sequelae of not knowing an anatomical variation.⁴ The procedure was performed in a 56-year-old patient diagnosed with peritoneal carcinomatosis of ovarian origin, after three cycles of neoadjuvant chemotherapy in partial response. Complete cytoreductive surgery was performed by a senior surgical oncologist at the French Cancer Center in Toulouse. The video does not aim to present the whole cytoreductive surgery but is dedicated to the peri-hepatic region.

The postoperative course was uneventful, and the patient started adjuvant chemotherapy 1 month after cytoreductive surgery followed by maintenance treatment with bevacizumab.

In conclusion, we propose a 10-step surgical approach to the peri-hepatic region that can be apprehended by the gynecological

oncologist and is essential to ensure complete cytoreduction of patients with celiac lymph node involvement, for whom we know that a high preoperative tumor burden reduces survival.

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Contributors KV: conceptualisation, video editing, writing-original draft. MAA: conceptualisation, writing-original draft. MD: conceptualisation, writing-original draft. HL: conceptualisation, video editing, drafting of the preliminary project. EC: Conceptualisation, supervision, writing-review. GF: Conceptualisation, project administration, surgery and video recording, supervision, writing-review, guarantor.

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