

common to find, in case of recurrence, situations where the hypogastric vessels, obturator muscle and nerve are affected.

**Methodology** The procedure called lateral extended endopelvic resection (LEER) was described by Hoekel et al. for surgical resection of lateral pelvic recurrences. We present a video surgery describing the vascular and nervous anatomy of the lateral pelvis and a case of 4-D reconstruction of the tumour and surgical resection of the tumour.

**Results** LEER + Radical Hysterectomy + ureteral reimplantation + intraoperative radiotherapy was performed in a patient referred to our department for a single recurrence of cervical cancer on the right side of the pelvis after primary treatment with RT-QT. Complete resection of the tumour was achieved as shown in the video with an eventful post operative period. Free of disease after 2 years.



Abstract 2022-VA-633-ESGO Figure 1

**Conclusion** With thorough anatomical knowledge, surgical resection of the lateral pelvic compartment is possible in case of recurrences.

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#### NON-CLIPPING METHODS DURING DISTAL EXTERNAL ILIAC LYMPHADENECTOMY REDUCE THE INCIDENCE OF LOWER LEG LYMPHEDEMA IN PATIENTS WITH CERVICAL CANCER

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**Introduction/Background** Evaluate the association between the clipping of distal external iliac lymph nodes and risk of post-operative lower extremity lymphedema in women who underwent radical hysterectomy and PLND with or without PALND for cervical cancer.

**Methodology** Data from 128 patients with cervical cancer who underwent radical hysterectomy with pelvic lymphadenectomy between January 2004 and December 2012 were reviewed. Patients were divided into two groups depending on whether they underwent clipping of the distal external iliac node clusters during pelvic lymphadenectomy. The incidence of lower

extremity lymphedema and post-operative complications were compared between groups.

**Results** The incidence rates of lower extremity lymphedema were significantly higher in Group A (15.8% vs. 7.0%,  $p = 0.034$ ). On comparing the severity of lower extremity lymphedema, patients in group A exhibited more severe lower extremity lymphedema than those in Group B, which was significantly different ( $p = 0.041$ ). The incidence rates of lymphangitis, seroma, and phlebitis were similar in both groups.

**Conclusion** Clipping of distal external iliac lymph nodes during lymphadenectomy play a critical role in the development of lower extremity lymphedema.

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#### INVOLVEMENT OF THE MARGINS AFTER EXCISIONAL TREATMENT

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**Introduction/Background** The importance of the affected margins after conization continues to be a source of controversy today, since there are studies that defend that these could be an important factor in the face of recurrence.

**Methodology** Cohort Study. The group of patients analyzed is made up of those patients undergoing conization with involvement of the margins of the surgical piece. The control group is made up of patients undergoing conization who have presented free surgical margins. Patients undergoing conization at the Juan Ramón Jiménez Hospital in the last year 2020 are included.

**Results** A total of 73 patients who underwent conization were studied, with a mean age of 38.8 years. The group of patients under study includes an N of 25 who presented affected surgical margins. The control group is made up of 48 patients who presented free margins. In patients who presented affected edges after conization, the recurrence rate in the first control at 4 months was 8% (N=2). In patients with free borders, the recurrence rate in the first control at 6 months was 8.3% (N=4). These differences did not reach statistically significant levels, although the similarity of recurrence percentages in both groups is striking.

**Conclusion** It has not been shown that the involvement of the conization margins is a risk factor for the appearance of recurrences during the first year of follow-up in patients with cervical dysplasia. Prospective multicenter studies are necessary to determine definitive conclusions that can modify our usual clinical practice.

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#### H-SIL IN YOUNG PATIENTS

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**Introduction/Background** H-SIL in patients under 30 is increasing in recent years, and its management is sometimes controversial.

**Methodology** Retrospective descriptive study that covers the period between January 2020 and December 2020, in which