The objective of this video is to highlight the importance of performing a complete radical ovarian surgery that includes lymph node debulking of suspicious nodes.

Methodology We present the interval surgery of a 61-year-old woman, who was found to have an advanced serous papillary ovarian cancer, described as FIGO IIIC.

Results During the exploratory laparoscopy an important adenopathic lump was observed above inferior mesenteric, fixed to the vena cava, with a mass effect, unresectable from the outset. The surface of the spleen suggested the presence of metastatic implants; small subdiaphragmatic and peritoneal implants were observed, so treatment with neoadjuvant chemotherapy was decided. After neoadjuvant treatment the PET-CT shows an interaortocaval retroperitoneal hypermetabolic adenopathy, suggestive of tumour infiltration. No more mormhotelial lesions were observed, so interval surgery was decided. Interval surgery was uneventful, and lymph node debulking of the inter-aortocaval adenopathy was also performed. For this, a careful dissection of the adventitia of the aorta was performed until accessing the interaortocaval plane and locating the adenopathy (located between the exit of the inferior mesenteric artery and the crossing of the left renal vein). A complete exeresis of the adenopathy was achieved without incident.

Conclusion This video proves that the surgical procedure of debulking surgery of suspicious lymph nodes is feasible without major complications if performed by experienced gynaecologists.

Abstract 2022-RA-1172-ESGO Figure 1 Kaplan meier plots for overall survival (OS): A and progression-free survival (PFS): B 3-years OS: 73% for PDS and 3-years OS: 63% for NACT/IDS groups

Conclusion NACT/IDS and PDS strategy have the same effectiveness, in terms of surgical complications, recurrence and survival rates. However, if it is envisaged that no residual disease after surgery with appropriate patient selection for strategy, PDS strategy can be considered as leading option.

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