Radical trachelectomy with laterally systematic approach to identifying and surgical technique of two-step pelvic and para-aortic sentinel lymph node mapping in early stage endometrial cancer; laparoscopic, robotic and open method

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Introduction Since sentinel lymph node mapping in endometrial cancer is becoming more widely used, the need of standardizing surgical technique is needed. The objective of this surgical video is to describe the procedure of two-step pelvic and para-aortic sentinel lymph node mapping using indocyanine green and fluorescent camera in endometrial cancer, in three versions of surgical modality, which is laparoscopic, robotic, and open.

Description The patients in the surgical video are diagnosed with biopsy-proven endometrial cancer, with early stage according to the preoperative MRI and PET-CT scan. After collecting washing cytology, bilateral salpinges were clamped with endo-clip to minimize tumor spillage. Gauze packing in PCDS was done in order to minimize the spillage of indocyanine green dye during paraaortic sentinel lymph node mapping, which may interrupt nodal mapping. ICG dye was injected in bilateral uterine fundus, to detect isolated paraaortic sentinel lymph node pathway. After bilateral paraaortic sentinel lymph node was sampled, cervical injection of ICG dye was done in 3 o’clock and 9 o’clock direction, both superficially and deeply, 2 mL in each side. After dissecting off the obliterated umbilical ligament, developing para-vesical and para-rectal spaces, and identifying ureter, uterine artery, and internal and external iliac vessels, bilateral pelvic sentinel lymph node was then sampled.

Conclusion/Implications This surgical video clip provides specific steps of pelvic and para-aortic SLN mapping. By standardizing surgical technique of SLN mapping, we look forward to shorten the learning curve of surgeons and to improve the accuracy of sentinel lymph node mapping.

Radical trachelectomy with laterally extended endopelvic resection for locally advanced cervical cancer

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Introduction Although radical trachelectomy after neoadjuvant chemotherapy is considered for fertility preservation in patients with locally advanced cervical cancer (LACC), its efficacy and safety are still controversial. Since R0 resection based on ontogenetic compartment theory can control tumor effectively, laterally extended endopelvic resection (LEER) during radical trachelectomy can be considered as a treatment option for loco-regional control without adjuvant radiotherapy in LACC and fertility preservation.

Description A 28 year-old woman with cervical cancer visited the clinic hoping for fertility preservation. She had a 5 cm sized cervical mass with left parametrial invasion (PM) and pelvic lymph node metastasis (LM), suggesting stage IIIC1 disease. After neoadjuvant chemotherapy using five cycles of weekly cisplatin, left PM remained despite LNM regression. Due to her strong desire for fertility, we conducted radical trachelectomy with LEER.

Conclusion/Implications We performed type C1 parametrectomy with mesometrial resection while preserving uterine artery on the right side and LEER on the left side during radical trachelectomy. As surgical margin was free after R0 resection, the patient received adjuvant chemotherapy using paclitaxel and carboplatin without radiotherapy. She showed regular menstruation without recurrence after five years and received assisted reproductive technology for pregnancy. Radical trachelectomy with LEER is a feasible treatment option for LACC patients who show tumor response after neoadjuvant chemotherapy with a strong desire for fertility.

Systematic approach to identifying and the dissection of a posterior chain sentinel lymph node in endometrial cancer

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Introduction The use of sentinel lymph node biopsy (SLNB) in endometrial cancer is expanding and has been incorporated into international gynaecological oncology management guidelines [1, 2]. Prospective trials and a meta-analysis have found that the SLNB with indocyanine green has a high sensitivity and low false negative rate for the detection of pathological lymph nodes, especially when undertaken with micro-sectioning and immunohistochemical staining [3, 4].

Description We record all SLNB in our unit for quality assurance and training purposes. We review these videos for unanticipated challenges during identification of sentinel lymph nodes. We created this surgical teaching video to demonstrate a systematic approach to identify and dissect the posterior chain SLNB during laparoscopy.