Robotic-assisted radical vaginal trachelectomy: importance of robotic-assisted removal of metastatic bulky pelvic lymph nodes followed by concurrent chemoradiation in a patient with FIGO stage IIIC2R cervical adenocarcinoma

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Introduction Radiotherapy is preferred in the cases if lymph node involvement is detected before surgery. However, radiotherapy with standard dose is insufficient to sterilize bulky lymph nodes > 2 cm. The resection of bulky lymph node metastasis before radiotherapy has been proposed to provide a therapeutic benefit.

Description A sixty-four-year-old woman had been diagnosed of cervical adenocarcinoma with a biopsy. Gynecological examination and computed tomography detected both parametrial involvement and metastatic nodes about 3.3 cm and 2.1 cm in size at bilateral obturator fossa. Concurrent chemoradiation therapy was planned after the removal of the bulky nodes. A two-trocar transperitoneal approach with accessory port for assistant was used. After establishing retroperitoneal space, the ureter was retracted medially. Right node that was 3.3 cm in size was between the external iliac vein and internal iliac artery and extended to the obturator fossa. The operation was followed by the left pelvic node removal. The robotic-assisted operation time was 124 minutes and the hospital stay was four days. The patient received concurrent chemoradiation therapy and had well been for one year with no evidence of disease.

Conclusion/Implications The bulky lymph nodes which were difficult to be eradicated with standard radiation therapy were successfully resected with robotic-assisted surgery. The removal of bulky nodes followed by radiation therapy may provide a therapeutic benefit.