Description A 34-year-old IB1 FIGO stage squamous cell cervical cancer underwent a combined robotic laparoscopic-vaginal radical trachelectomy with enclosed colpotomy and without manipulator. After spontaneous pregnancy, she underwent a laparoscopic free needle cerclage. The pregnancy progressed with preterm amniotic membranes rupture and fetal loss at 19 weeks. Another spontaneous pregnancy occurred and an elective abdominal cerclage with Mersilene double suture by robotic-assisted laparoscopic technique was done. Ultrasonographically, the internal os, the endocervix, and the gestational sac were maintained under visualization throughout the procedure. At the same time, two robotic needle holders drove two needles symmetrically, passing from the posterior to the anterior portion of the cervical isthmus junction perpendicularly to the uterine axis and a blockage suture sequencing knots were made on the remaining cervix. Another identical suture was performed caudally. At 31 weeks, asymptomatic premature cervical dilatation was noted, and the patient was hospitalized. C-section was performed at 33 weeks and two days, and a healthy male infant was born.

Conclusion/Implications The cervix is a fundamental structure for the development and the maintenance of a pregnancy. Different from patients with cervical incompetence, where there is data sustaining cervix cerclage, the literature is poor on the maintenance of pregnancy in post trachelectomy patients. This was a case report of a favorable evolution of pregnancy after cerclage in a patient with surgical removal of the cervix as cancer treatment.

On-demand surgical film cinema: Ovarian cancer

SF014/#934 USEFUL TIPS FOR A SAFE DIAPHRAGMATIC PERITONEAL STRIPPING

1Pedro Henrique Fernandes, 2Fernanda Bomfati*, 3Rossini Lyria, 4José Linhares, 5Róberta Ribeiro, 6Sergio Osamu Ishii, 7Audrey Tsunoda. Erasto Gaertner Hospital, Gynecologic Oncology Department, Curitiba, Brazil; 2Hospital Erasto Gaertner, Gynecologic Oncology Department, Curitiba, Brazil; 3Erasto Gaertner Hospital, Oncology Surgery, Curitiba, Brazil; 4Erasto Gaertner Hospital, Gynecologic Oncology, Curitiba, Brazil

Introduction A complete cytoreductive surgery significantly impacts prognosis for ovarian cancer patients. Diaphragmatic peritoneal stripping is a key step to achieving complete macroscopic resection in the upper abdomen. To describe this technique, the literature is scarce and the training centers are limited.

Description In this video, our patients were placed in a low lithotomy position, with a xifo-pubic incision, under general anesthesia. All patients received pre-operative physiotherapy and nutritional support. The liver lobes were mobilized (described in another video*), and the margin between normal and involved peritoneal surface was marked with monopolar energy. It is important to identify the avascular plane between the diaphragmatic muscle and the affected peritoneum. Entering the muscle is indicated only if there is muscle infiltration by macroscopic tumor. Allis or Collin clamps supported manual traction to the borders of the peritoneum, while the liver is retracted medially. A small rounded surgical sponge may be used to push the muscle off the peritoneal surface (blunt dissection), reducing the need for monopolar energy. When the Morison pouch is involved, the same principles may be applied. For the left diaphragmatic stripping, the left lobe is mobilized, and the infiltrated peritoneum is similarly removed.

Conclusion/Implications This video demonstrates some useful tips to achieve a complete cytoreductive procedure that includes hepatorenal pouch, and right and left diaphragmatic peritoneal stripping.

SF015/#341 SECONDARY LAPAROSCOPIC CYTOREDUCTION FOR RECURRENT OVARIAN CANCER IN CASE OF LAPAROSCOPIC PRIMARY DEBULKING SURGERY

Un Suk Jung, Jong Sub Choi*, Jeong Min Eom, Jaeman Bae, Won Moo Lee, Yeon Kyoung Kim. Hanyang University College of Medicine, Obstetrics and Gynecology, Seoul, Korea, Republic of

Introduction To investigate the feasibility of laparoscopic secondary cytoreduction in patients with recurrent ovarian cancer with previous laparoscopic primary debulking surgery

Description Patients: A 52-year-old Korean woman underwent laparoscopic secondary cytoreduction for recurrent ovarian cancer and previous laparoscopic primary debulking surgery

Interventions: Laparoscopy Measurements/Results: A 52-year-old Korean woman had a laparoscopic primary optimal debulking surgery. The FIGO stage IIIC was confirmed and she received 12 cycles of paclitaxel/carboplatin chemotherapy. Since then, it had been checked as NED state for 6 months. During follow up, lab results showed elevation of CA125, and recurrence was confirmed by PET-CT imaging. We performed LAVH with BSO, CDS mass excision, pelvic and para-lymphadenectomy during primary debulking surgery. In addition, diaphragm and omentectomy were performed. She received adjuvant chemotherapy with paclitaxel/carboplatin for 12 cycles. We performed the laparoscopic secondary cytoreductive surgery on November 28, 2017. Peritoneal cavity and diaphragm were clear and showed no metastatic nodule. Metastatic lymph nodes were confirmed along the left iliac vessels like seen in the previous PET-CT imaging and we resected them. What was seen as recurrence around right para-colic gutter area were metastatic nodule on the Cecum surface. We removed the nodules and repaired the bowel serosa. She is receiving chemotherapy with stable disease at this time.

Conclusion/Implications Our experience indicate that laparoscopy is a feasible and safe approach to optimal cytoreduction for patients with recurrent ovarian cancer in case of laparoscopic primary debulking surgery.

SF016/#728 ROLE OF THORACOSCOPY IN PATIENTS WITH EPITHELIAL OVARIAN CANCER AND STAGE IVA IN A DEVELOPING COUNTRY

1Juan Lalinde*, 2Pedro Calderon, 1Monica Medina, 2Oscar Suescun, 1Adriana Almeciga, 3Diana Santana, 4Santiago Vieira, 5Jesus Acosta, 6Catherin Salazar, 7Franco Ruiz, 8David Viveros, 9Fernando Alvarado, 10Miguel Buitrago, 11Santiago Rueda. 1Instituto Nacional de Cancerologia, Gynecology Oncology, Bogota, Colombia; 2Cl. 1 #9–85, Bogotá D.C., Bogota – Bogota, Colombia

Introduction Ovarian cancer is the most lethal gynecologic malignancy and in 75% of cases are diagnosed in advanced...
stages unfortunately 30% of patients with advanced ovarian cancer present pleural effusion at the time of initial diagnosis, that has been associated with worse disease-free survival and overall survival.

**Description** A 48-year-old women who present a 3-month history of bloating and abdominal pain. Tomography of the abdomen and chest showing left pleural effusion with bilateral adnexal masses, peritoneal carcinomatosis and a ca 125 of 1753. The patient was given 4 chemotherapy cycles with partial imaging and serological response. Control images showed persistence of pleural effusion in the left hemithorax that was previously compromised by adenocarcinoma, so it was decided to perform left thoracoscopy to define secondary pleural involvement. The main finding during thoracoscopy is evidence of a 5 cm lesion at the level of the left diaphragmatic peritoneum with full thickness infiltration with no other lesions in pleura cavity. The patient was taken to a complete abdominal cytoreduction by laparotomy with an adequate clinical evolution pending the restart of chemotherapy.

**Conclusion/Implications** It is important to mention that metastatic involvement of pleural effusion has a high correlation with pleural involvement. The main prognostic factor for overall survival in ovarian cancer is complete cytoreduction, that’s why we must establish the areas affected by this neoplasm and define the possibility of undergoing surgery. Video assisted thoracoscopy is a low-morbidity procedure that allows us to evaluate pleural and mediastinal involvement in patients with pleural effusion.

---

**SF018/#345 LAPAROSCOPIC RESTAGING SURGERY FOR OVARIAN CANCER MIMICKING A PARASITIC MYOMA DISCOVERED DURING LAVH FOR UTERINE ADENOMYOSIS AFTER HIFU**

Joong Sub Choi*, Jeong Min Eom, Un Suk Jung, Jaeman Bae, Won Moo Lee, Yeon Kyoung Kim. HANYANG UNIVERSITY COLLEGE OF MEDICINE, Obstetrics and Gynecology, SEOUL, Korea, Republic of

10.1136/ijgc-2022-igcs.578

**Introduction** To present laparoscopic restaging surgery for ovarian cancer mimicking a parasitic myoma discovered during LAVH for huge uterine adenomyosis after HIFU.

**Description** A 49-year-old Korean woman with severe dysmenorrhea and abnormal uterine bleeding to our department. She had received High intensity focused ultrasound (HIFU) for adenomyosis six years ago. Pelvic MRI showed typical adenomyosis feature with huge uterus with ill-defined myometrial lesion. We planned to perform laparoscopically assisted vaginal hysterectomy on September 13 2021. We discovered small mass mimicking parasite myoma on right paracolic gutter. After hysterectomy, we removed the myoma like mass and the mass was sent frozen section histological analysis revealed a diagnosis of serous carcinoma. We performed abdominal exploration and washing cytology. Additionally, we discovered small tumor nodules on both ovarian surface covered by huge adenomyoma. We finished the initial surgery to do baseline study for ovarian cancer. We performed the laparoscopic restaging surgery for ovarian cancer after baseline study on September 30, 2021. The FIGO stage IIIIC was confirmed based on the final histopathological result.

**Conclusion/Implications** Laparoscopic restaging surgery for ovarian cancer mimicking a parasitic myoma discovered during LAVH for huge uterine adenomyosis after HIFU was safe and successful.

---

**SF019/#1087 LAPAROSCOPIC STAGING FOR OVARIAN CANCER**

1Léa Pauly*, 2 Fabien Reyal, 3 Enora Laas, 4 Jean Guillaume Feron, 5 Virginie Fourchotte, 1,2 Fabrice Leaun. 1 Institut Curie, Paris, Paris, France; 2 Institut Curie, Department of Surgery, Paris, France

10.1136/ijgc-2022-igcs.579

**Introduction** Exploratory laparoscopy is an essential step for surgical staging in advanced ovarian cancer. With two objectives: -to determine the best therapeutic strategy by evaluating the possibility of primary debulking surgery -to perform biopsies to confirm the diagnosis and to allow molecular analysis. We propose a step by step video about laparoscopic staging in advanced ovarian cancer.

**Description** We present a step-by-step laparoscopic exploration of the abdominal cavity for staging in advanced ovarian cancer, using Peritoneal Carcinomatosis Index, areas by areas. We want to show what are the pitfalls and blocking points for a primary debulking surgery.

**Conclusion/Implications** We wish to show how to perform a rigorous exploration of the abdomen and how to make efficient and safe biopsies for a better management of the patients in advanced ovarian cancer.