LAPAROSCOPIC POSTERIOR INFERIOR MEDIASTINAL PRONE POSITION LYMPHADENECTOMY FOR RECURRENT GYNECOLOGIC CARCINOMA

Introduction
There is a potential oncological benefit related to isolated recurrences surgical resection. The aim of this video is to demonstrate a prone position laparoscopic approach to posterior inferior mediastinal lymphadenectomy.

Conclusion/Implications
This video demonstrates reproducible standardized techniques for total or partial splenectomy in ovarian cancer cytoreduction.

On-demand surgical film cinema: Vulvar and vaginal cancer

RADICAL LEFT HEMIVULVECTOMY, SUPERFICIAL RIGHT HEMIVULVECTOMY AND SENTINEL LYMPH NODE WITH INDOCYANINE GREEN

Introduction
Vulvar cancer accounts for 3–5% of malignant diseases of the female genital tract. The surgical management remains complex, because it can concern two types of patients, on the one hand elderly patients with heavy comorbidities, on the other hand younger patients with a high risk of alteration of the quality of life and sexuality.

Description
We present the case of a 68-year-old woman, treated for a 20 mm squamous cell carcinoma of left hemivulva and high-grade vulvar intraepithelial neoplasia of left and right labia minora and clitoris. This patient is eligible for a sentinel node procedure. This surgical film shows a left radical hemivulvectomy, a right superficial hemivulvectomy and identification of bilateral sentinel lymph node with indocyanine green.

Conclusion/Implications
Improvements like sentinel lymph node procedure in treatment of vulvar cancer contribute to the decrease of mortality and morbidity. The possibility of performing a hemivulvectomy also allows to reduce the consequences of vulvar surgery in a de-escalation strategy.

ROBOT-ASSISTED RADICAL COLPOMETRECTOMY IN VAGINAL CANCER

Introduction
Vaginal cancer is rare, and robotic-assisted surgical treatment is an exploratory field. The objective of this case report is to describe the robotic technique and the oncological results of a 37-year-old patient, two gravida two deliveries, who underwent a simple hysterectomy due to a persistent high-grade cervical lesion.

Description
Three years later, she presented a high-posterior vaginal wall nodule. The colposcopy-guided biopsy revealed squamous cell carcinoma, while the MRI showed a 4.6 cm mass with no suspicious pelvic lymph nodes or lateral posterior mediastinal approaches. This video was presented at AAGL 2021 annual meeting.