




Video assisted thoracoscopic surgery and its applicability in patients with advanced ovarian cancer

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Accepted 24 April 2023
Published Online First 5 May 2023

In this video article, we present four applications of video assisted thoracoscopic surgery in patients with advanced ovarian cancer:

1. Evaluation and confirmation of pleural disease.
2. Identification and resection of macroscopic suspicious cardio-phrenic lymph nodes.
3. Mediastinal cytoreduction. Resect gross tumor, choosing between primary cytoreduction versus neoadjuvant chemotherapy.
4. Harpoon guided resection of single lung metastases. Possibility of performing a lobectomy in oligo-metastatic disease.

Pleural effusion with positive cytology defines International Federation of Gynecology and Obstetrics stage IVA ovarian cancer and remains an independent variable associated with a worse prognosis. Analysis of pleural

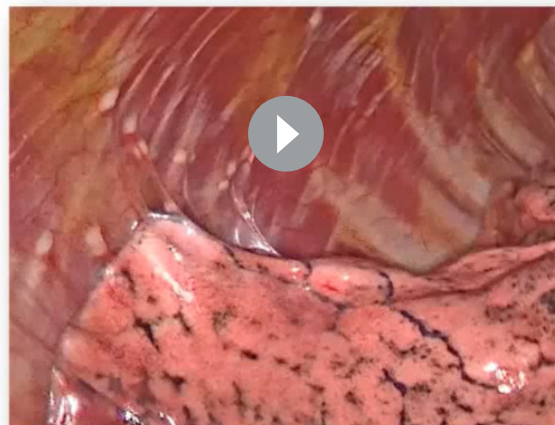
cytology alone is insufficient to assess macroscopic pleural disease. Nearly 30% of patients with negative cytology had gross disease at video assisted thoracoscopic surgery and, conversely, with a positive cytology, no pleural disease is seen.^{1,2} In addition, computed tomography features suggestive of pleural malignancy do not always correlate with surgical findings, and the disease can remain undetected on imaging examination.

One indication of video assisted thoracoscopic surgery in patients with ovarian cancer with pleural effusion is to confirm pleural disease that modifies stage and management.¹⁻³ Although malignant pleural effusions upstage disease, they do not contraindicate an initial cytoreductive abdominal surgery.³ Video assisted thoracoscopic surgery can show pleural tumor burden and allows intrathoracic evaluation and resection of enlarged lymph

INTERNATIONAL JOURNAL OF GYNECOLOGICAL CANCER

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Video 1 Identification and resection of macroscopic suspicious cardio-phrenic lymph nodes.



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To cite: Muruzábal JC, Veiga N, Aguirre S, *et al.* *Int J Gynecol Cancer* 2023;**33**:1658–1659.

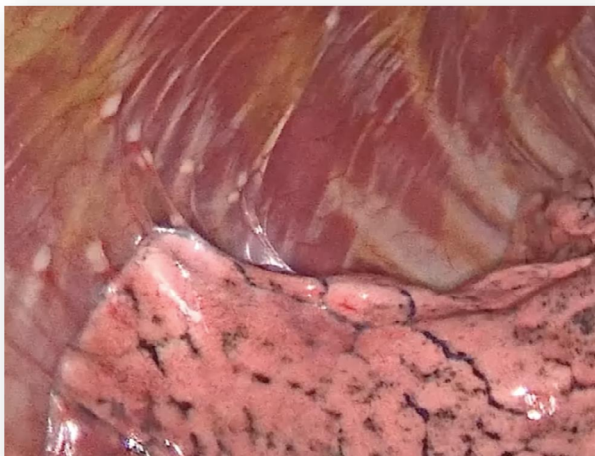


Figure 1 Applications of video assisted thoracoscopic surgery in patients with advanced ovarian cancer: evaluation and confirmation of pleural disease.

nodes. Also, it allows the removal of macroscopic disease in a primary cytoreduction or, if not feasible, determines patients who would benefit from neoadjuvant chemotherapy.¹⁻³

Patients with single lung metastases can be managed by performing a selective lung resection with this procedure. Avoiding the morbidity of an open thoracotomy or the need for extra incisions, port sites could be used for chest tube placement.⁴ Video assisted thoracoscopic surgery is described as safe and effective, involving limited additional surgical time.²⁻⁴

CONCLUSIONS

- ▶ Video assisted thoracoscopic surgery is useful as a diagnostic, staging, and therapeutic modality in ovarian cancer patients with pleural effusion.

- ▶ Video assisted thoracoscopic surgery can evaluate suitable patients for surgical cytoreduction or neoadjuvant chemotherapy.
- ▶ It is a secure and useful procedure, which can determine disease in negative computed tomography images, evaluate patients with poor tolerance/response to chemotherapy, and even resect oligometastatic disease.

Correction notice All data relevant to the study are included in the article.

Contributors Video article conception and design: JCM, NV. Draft manuscript preparation: NV. All authors reviewed the results and approved the final version. JCM is responsible for the overall content as guarantor.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial, or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Consent obtained directly from patient(s).

Ethics approval This study involves human participants and participants gave informed consent to participate in the study before taking part.

Provenance and peer review Not commissioned; externally peer reviewed.

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