Conclusion Robotic nerve sparing radical hysterectomy is a difficult and meticulous procedure that requires an experienced surgical team. It can be performed with strict adherence to oncologic principles. Future studies on laparoscopic or robotic approach to radical hysterectomy should include tumor spillage and nerve sparing quality controls as well as long term survival and quality of life assessments.

#768 EXTRAPERITONEAL PARAAORTIC LYMPHADENECTOMY IN PATIENTS WITH CERVICAL CANCER

Laura Gil*, Alejandro Muller, Marina Pérez Duce, Ana Granado, Jose Antonio Mestanza. *H. General Universitario Talavera de la Reina, Talavera De La Reina, Spain*

10.1136/ijgc-2023-ESGO.66

Introduction/Background To describe our technique for excision of the para-aortic, pre-aortic, pre-caval and laterocaval nodes using an extraperitoneal approach. This technique was developed to make the dissection and excision of the less accessible nodes in an easier and safer way by minimizing the risk of great vessels injury and bleeding.
Methodology Step-by-step description of the surgical procedure using video.

A 50-year-old woman with a body mass index of 36 underwent endoscopic extraperitoneal para-aortic lymphadenectomy for advanced high grade cervical adenocarcinoma FIGO IIIC1r.

The patient underwent an endoscopic extraperitoneal paraaortic lymphadenectomy. An anatomical dissection is being performed being the upper limit of the dissection the left renal vein.
Results Firstly we complete a dissection of all the anatomical aortic limits until the renal vein and exeresis of aortic nodes. A plane just above the cava vein is carefully developed by pushing all the lymph nodes to the roof of the dissection.

Nodes are excised in four blocks, supramesenteric and inframesenteric aortic and precaval nodes.
Conclusion A complete para-aortic retroperitoneal dissection can be achieved with this extraperitoneal approach. Benefits of this technique are based on the absence of the bowel or other intraperitoneal structures invading the operative field given the barrier-free nature of the retroperitoneal space. Despite the challenge of the access to the right nodes in a retroperitoneal paraaortic lymphadenectomy they can be successfully excised reaching the renal vein including obese patients.

Extraperitoneal paraaortic lymph node dissection is a minimally invasive procedure that is an excellent and safe approach to the paraaortic area, with a low complication rate, sufficient number of lymph nodes, and short hospital stay. It seems to be a good alternative to the classic transperitoneal approach.

This new technique deserves to be used as a tool to identify lymph node positive patients who require extended-field radiation and/or chemotherapy.

#780 CERVICAL CANCER AND PREGNANCY: CESAREAN SECTION AND RADICAL HISTERECTOMY

José María Mariconde*, Otilio Daniel Rosato, Nestor Dicuatro, Hector Dante Lucchini. *Hospital Universitario de Maternidad y Neonatología, Córdoba, Argentina*

10.1136/ijgc-2023-ESGO.67

Introduction/Background Cervical cancer diagnosed during pregnancy is the most challenging situation since the pregnant uterus itself is involved. Where possible, standard treatment is applied during pregnancy.
Methodology A 28-year-old patient at 33 weeks of pregnancy with unremarkable medical, surgical, or family history. Diagnosis of moderately differentiated invasive adenocarcinoma of the cervix. During prenatal care, in a small rural hospital at the time of 28 weeks' gestation she had presented with abnormal vaginal bleeding. An exophytic cervical tumor measuring 3 cm diameter with no evidence of parametrial or vaginal involvement was found on physical examination. (FIGO 2018 stage: IB2). The physical examination was consistent with the previously described tumor in the cervix measuring 3 cm in diameter. The pelvic MRI showed an intrauterine gestation with a tumor measuring 19×16 x 10 mm on the anterior lip of the uterine cervix. There was no evidence of lymph node involvement. In addition, there was no parametrial or vaginal compromise.

The case was discussed by the Tumor Committee that recommended expectant management awaiting fetal maturity at 36 weeks (with one single dose of betamethasone 12 mg) and a Cesarean-radical hysterectomy at the time of delivery. The pregnancy continued with no other complications.
Results At 36 weeks' gestation a Cesarean section was performed through a Cherney incision. A male child was delivered (Apgar 8/9, 2830 gm). After delivery, a type C1 radical hysterectomy (Morrow–Querleu) with pelvic lymphadenectomy and bilateral oophoropexy was performed.
Conclusion After 5 years the patient is free of desease and the child is healthy.

This kind of management requires a multidisciplinary approach and a center of reference in gynecology oncology.
Disclosures Cesarean section and radical C1 histerectomy is the option in this cases, performing the surgery at the same time.

The pathology report only describes five harvested pelvic lymph nodes. I would ask for a revision of the specimen and search for more nodes, since the most important anatomical landmarks for a bilateral pelvic lymphadenectomy were dissected, which should lead to a significant higher number of retrieved nodes. Therefore, indeed, postoperative IMRT is indicated to correct for an incomplete pelvic lymphadenectomy and to avoid pelvic sidewall recurrence.

#783 TOTAL LAPAROSCOPIC RADICAL PARAMETRECTOMY WITH PELVIC LYMPHADENECTOMY

Amal Alsomairi*, Jung Yun Lee. *Severance Hospital, Seoul, South Korea*

10.1136/ijgc-2023-ESGO.68

Introduction/Background Incidental finding of invasive cervical cancer discovered after simple hysterectomy for non-malignant indications is not uncommon.

For Those patients with early stage ; Radical Parametrectomy with upper vaginectomy and pelvic lymph node dissection is a preferred approach specially in treating young patients.

Traditionally this procedure was performed via laparotomy, minimally invasive approach is now proven feasible and effective.
Methodology -

Results -
Conclusion Minimally invasive surgery for Radical Parametrectomy with upper vaginectomy and pelvic lymph node dissection is feasible and effective .

#801 ABDOMINAL RADICAL TRACHELECTOMY: A VIDEO PRESENTATION

Ali Gokce*, Çagatayhan Öztürk, Ugur Firat Ortaç, Salih Taskin. *Ankara University Medical School, Department of Obstetrics and Gynecology, Ankara, Turkey*

10.1136/ijgc-2023-ESGO.69

Introduction/Background Cervical cancer is the third common gynecological cancer in the Europe despite the increase in primary human papillomavirus (HPV)/smear screening.[1] And it is the second mortal gynecological cancer in European area.[2] Especially in patients who need to preserve fertility, fertility-sparing surgeries come to the fore rather than radical surgeries.[2]
Methodology In this video presentation, we planned to share our case of abdominal radical trachelectomy, and sentinel lymph node dissection performed in a 29-year-old stage 1b1 squamous cell cervical cancer patient in a tertiary ESGO accredited university hospital.
Results No residual tumor tissue or positive surgical margin remained after radical trachelectomy and sentinel lymph node dissection. The pathology result was reported as stage 1b1 squamous cell cervical carcinoma. Sentinel lymph node sampling was reported as negative by intraoperative frozen examination, and the final pathology result was consistent with this. There was no suspicious involvement in the pet examination at the 3rd month follow-up. No evidence of residual disease was found on pelvic MR. The control HPV results (at the 6th and 12th months after surgery) was reported as negative. Routine follow-up of the patient will continue according to the guideline recommendation.[2]
Conclusion Radical trachelectomy and sentinel lymph node sampling as a fertility preserving surgical option in patients with stage 1b1 cervical squamous cancer is an option for patients with future fertility expectancy.

REFERENCES

1. 1. Ferlay J, Steliarova-Foucher E, Lortet-Tieulent J, Rosso S, Coebergh JWW, Comber H, Forman D, Bray F. Cancer incidence and mortality patterns in Europe: estimates for 40 countries in 2012. *Eur J Cancer* 2013 Apr;**49**(6):1374–403.
2. 2. Cibula D, Raspollini MR, Planchamp F, *et al.* ESGO/ESTRO/ESP Guidelines for the management of patients with cervical cancer.

#966 EXTRAPERITONEAL LYMPH NODE DISSECTION IN A PATIENT WITH CERVICAL CANCER: A CASE REPORT

Gozde Unsal*, Mehmet Faruk Köse, Emine Karabük. *Acibadem MAA University, Istanbul, Turkey*

10.1136/ijgc-2023-ESGO.70

Introduction/Background Recently, surgical staging has been recommended to select a treatment modality for locally advanced cervical cancer. We approached the case by considering studies that talk about clinical outcomes and risk factors for overall survival (OS) in patients with locally advanced cervical cancer treated according to lymph node status.
Methodology Step by step video demonstration of the laparoscopic approach to extraperitoneal lymph node dissection who had locally advanced cervical cancer
Results The operation time was 85 minutes. The bleeding was 50 cc. No intraoperative or postoperative complications were observed. The patient was discharged after 2 days of surgery. The pathology results were squamous cell carcinoma.
Conclusion Metastasis to paraaortic lymph nodes is the primary prognostic factor that affects survival. Surgery would provide information regarding the patient's prognosis and treatment options.
Disclosures We approached the case by considering the studies on extraperitoneal lymph node dissection in locally advanced cervical cancer patients.

#1104 FIRST BIRTH AFTER UTERINE TRANSPOSITION FOR CERVICAL CANCER – SURGICAL TECHNIQUE AND CASE REPORT

[1]Renato Moretti Marques*, [1]Pedro Ernesto C De Cillo, [1]Ive Bahia Franca, [1]Vanessa Alvarenga Bezerra, [1]Priscila M Queiroz, [1]Donato Callegaro, [1]Juliana K Helito, [1]Aley Talans, [1]Raphael Haddad, [1]Luisa M Martins, [1]Danielle Y Akaishi, [1]Bruna Marques, [1]Guilherme Bicudo Barbosa, [1]Fernando De Souza Nóbrega, [1]Nam Jin Kim, [2]Reitan Ribeiro. *[1]Hospital Israelita Albert Einstein, Sao Paulo, Brazil; [2]Hospital Erasto Gaertner, Curitiba, Brazil*

10.1136/ijgc-2023-ESGO.71

Introduction/Background Cervical cancer is the world's fourth leading cause of cancer-related death in women. It is diagnosed in 38% of cases in patients up to 45 years old, making fertility-sparing treatments relevant. Regular requests include the absence of lymph node metastasis. Recently, an alternative for sparing the uterus and ovaries to pelvic radiotherapy effects was reported by Ribeiro et al. in 2017, the uterine transposition (UT). Although the oncologic and obstetrics outcomes should be proven for gynecological cancer management. This is the first report of spontaneous pregnancy and birth after uterine transposition for gynecological cancer.
Methodology We conducted this video-article showcasing the complete treatment journey of a 30-year-old patient diagnosed with stage IIIC1mi (FIGO 2018) adenocarcinoma cervical cancer submitted to Uterine Transposition. 14 months after chemoradiotherapy treatment and the uterine repositioning, she conceived spontaneously. A robotic double-cerclage was performed at 13 weeks after a normal morphological ultrasound and the pregnancy proceeded without complications.
Results The first birth worldwide following uterine transposition for cervical cancer occurred spontaneously with no reproductive assistance technique. The child showed normal neuropsychomotor development at 6 months of age. The patient remains under oncologic follow-up with no evidence of disease for more than 24 months.
Conclusion Uterine transposition appears to promote fertility preservation and spontaneous pregnancy viability for whom require pelvic radiotherapy. The prevalence of cervical cancer in young women and delayed reproductive life highlight the importance of fertility-preserving techniques improvement. The LVLM in cervical cancer increases the staging and drives the radiotherapy treatment. In the absence of residual cervical neoplasia, the UT could be an option to fertility sparing. Better definition of many corner-stone steps are crucial to manage this strategy, and long-term follow-up is needed to evaluate the oncologic and reproductive outcomes associated with this procedure.