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

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.

Introduction/Background Cervical cancer is the third common gynecological cancer in the Europe despite the increase in primary human papillomavirus (HPV)/smear screening. And it is the second mortal gynecological cancer in European area. Especially in patients who need to preserve fertility, fertility-sparing surgeries come to the fore rather than radical surgeries.

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.

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.

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