

### #1109 ROBOTIC RETROPERITONEAL DEBULKING – CASE REPORT WITH TIPS AND TRICKS FOR A SAFE PROCEDURE

Renato Moretti Marques\*, Pedro Ernesto C De Cillo, Fernando De Souza Nóbrega, Guilherme Bicudo Barbosa, Bruna M Freitas, Danielle Y Akaishi, Priscila M Queiroz, Aley Talans, Donato Callegaro, Juliana K Helito, Vanessa Alvarenga Bezerra. *Hospital Israelita Albert Einstein, Sao Paulo, Brazil*

10.1136/ijgc-2023-ESGO.72

**Introduction/Background** Lymph node metastasis significantly impairs the prognosis in cervical cancer. Patients with nodal metastases have a 3-year survival rate of 64%, compared to 94% in nodal-negative patients. It is postulated that bulky lymph node metastases are at a substantial risk of treatment failure due to the inverse relationship between tissue radiosensitivity and tumor deposit volume. Therefore, it is rational to hypothesize that pre-treatment lymph node debulking may optimize the response to radiotherapy, provided that the procedure is safe and does not delay the main treatment.

**Methodology** The illustrative case is of a 29-year-old patient with squamous cell carcinoma of the cervix stage T2bN1M0, treated with upfront chemoradiotherapy and brachytherapy, achieving a complete clinical response but experiencing retroperitoneal lymph node recurrence after a 8-month disease-free interval. Intraoperative evaluation identified para-aortic, intercaval, retro, and paracaval lymph node conglomerates measuring up to 5.0 cm.

The robotic surgical technique and tactics used for retroperitoneal lymph node debulking are described for didactics to perform it safely and effectively.

**Results** After accessing the retroperitoneal space, surgical thread is used to traction the peritoneal fold anteriorly. The acquisition of the surgical field provides wider freedom of movement for robotic forceps. Sharp dissection of great vessels allows the safety and radicality needed. The use of metal clips helps define the anatomical limits and the radiotherapy field, and prevents lymphorrhea. Surgical gauzes could be used as landmarks while lateralizing and protecting the ureters. The vessel-loop promotes the lateral and anterior vena cava mobilization during retrocaval space dissection, exposing the lumbar vessels.

**Conclusion** The benefits of this procedure are unproven and should not delay the sequential radiotherapy and systemic treatment. This video shows the strategies to achieve the desired success and avoid intraoperative complications. The standardized surgical steps and adequate training could make this complex surgical procedure easier and lead to satisfactory results.

## 03. Endometrial cancer

### #133 DISSECTION OF AN EXTRAORDINARY LOCATION OF SENTINEL LYMPH NODES AND HYSTERECTOMY WITHOUT MANIPULATOR IN A PATIENT WITH ENDOMETRIAL CANCER

<sup>1</sup>Cihan Comba\*, <sup>1</sup>Erkan Aslan, <sup>1</sup>Betul Vatankulu, <sup>2</sup>Zeynep Tatar, <sup>3</sup>Ali Aslan Demir, <sup>4</sup>Omer Demir. <sup>1</sup>Istanbul Aydin University, Faculty of Medicine, Istanbul, Turkey; <sup>2</sup>Patomer Pathology Laboratory, Istanbul, Turkey; <sup>3</sup>Istanbul Aydin University, Faculty Of Medicine, Istanbul, Turkey; <sup>4</sup>Karadeniz Technical University, Faculty Of Medicine, Trabzon, Turkey

10.1136/ijgc-2023-ESGO.73

**Introduction/Background** Endometrial cancer (EC) is the most common gynecological malignancy throughout the world. Sentinel lymph node biopsy with indocyanine green (ICG) has become more widely used and has been featured in recently published guidelines for EC.

**Methodology** A 45-year-old female with gravidity 0, parity 0, and body mass index 23.4 kg/m<sup>2</sup> presented with complaints of abnormal uterine bleeding (spotting). Increased endometrial thickness was detected on transvaginal ultrasound (10 mm) in the postmenstrual period. Endometrioid type endometrial adenocancer with focal squamous differentiation International Federation of Gynecology and Obstetrics (FIGO) grade 1 was detected on endometrial biopsy.

Laparoscopic bilateral sentinel lymph node dissection with indocyanine green (ICG), hysterectomy (without uterine manipulator) + bilateral salpingo-oophorectomy were performed (video).

**Results** The patient stayed in hospital for 1 day. The final pathology result showed a FIGO grade 1, endometrioid type endometrial adenocancer with focal squamous differentiation, as a 1.5x 1 cm tumorous mass invading less than one-half of the myometrium. Neither lymphovascular invasion nor sentinel lymph node metastasis was detected.

**Conclusion** This video article is the first video demonstration of bilateral isolated high pelvic, para-aortic sentinel lymph node dissection in endometrial cancer.

**Disclosures** No major complications occurred during or after the surgery.

### #167 SLN – MAPPING IN ENDOMETRIAL CANCER USING IMAGE1 S™ RUBINA – K. STORZ (ICG/NIR TECHNOLOGY)

Andreas Kavallaris\*, Dimitrios Zygouris, Ourania Kaiafa, Panagiotis Papandreou, Sofia Papadimitriou, Evgenia Stergiannakou, Antonios Gkoutzioulis. *St. Lukes Hospital, Thessaloniki, Greece*

10.1136/ijgc-2023-ESGO.74

**Introduction/Background** The sentinel lymph node (SLN) mapping may have particular value in endometrial cancer (EC) because a therapeutic effect of lymphadenectomy per se is still unproven.

**Methodology** From March 2017 through December 2022, 114 women with apparently early stage EC underwent laparoscopic hysterectomy including ICG fluorescence SLN mapping. In all of the cases we use the IMAGE1 S™ Rubina – K. STORZ.

**Results** In all patients more than ≥1 SLNs was identified. In 94 (84.2%) patients bilaterally and in 20 (14.8%) patients unilaterally. All SLN-positive patients had pelvic SLNs. Lymph node metastases were detected in 6 patients (5.2%).

**Conclusion** With the standardization of the technique we managed to reproduce the high total and bilateral SLN mapping using cervical ICG injection and NIR fluorescence.

### #378 THE CASE OF THE (NOT) MISSING SENTINEL LYMPH NODE

<sup>1</sup>Carolina Smet, <sup>2</sup>Ana Otilia Costa, <sup>2</sup>João Alves, <sup>2</sup>João Casanova\*. <sup>1</sup>Hospital de São Francisco Xavier, Lisboa, Portugal; <sup>2</sup>Hospital da Luz de Lisboa, Lisboa, Portugal

10.1136/ijgc-2023-ESGO.75

**Introduction/Background** Endometrial cancer is the most common gynecologic cancer in high income countries and its incidence has been rising. The primary objective of sentinel lymph node (SLN) mapping in endometrial cancer is to identify the lymph nodes at risk for metastasis thus reducing the number of futile lymphadenectomies and its associated morbidities, moving towards precision medicine. To assure accuracy of staging it requires a high rate of SLN detection.

**Methodology** We present a case of a 67-year-old patient, that was diagnosed with a grade 3 endometrioid endometrial cancer. The patient underwent a robotic total hysterectomy with bilateral salpingo-oophorectomy and SLN dissection.

**Results** In this article with narrated video footage, we make a stepwise demonstration of the technique for finding and dissecting the sentinel lymph node, highlighting the importance of a thorough anatomical dissection and a profound knowledge of the main lymphatic drainage pathways in order to find the correct SLN.

**Conclusion** Knowledge of the main lymphatic drainage pathways is of paramount importance in endometrial cancer staging with SLN. Well preserved channels will allow for a clear identification of the true SLN, even when the SLN is detected in less common locations. Opening and developing pelvic spaces (paravesical and pararectal) are key to correctly identify the SLN.

#695

#### EXTRAPERITONEAL PARAAORTIC DEBULKING OF AN ENDOMETRIAL CARCINOMA SINGLE NODAL RELAPSE

María Alonso-Espías\*, Myriam Gracia, Virginia García-Pineda, María Dolores Diestro, Jaime Siegrist, Alicia Hernández, Ignacio Zapardiel. *La Paz University Hospital, Madrid, Spain*

10.1136/ijgc-2023-ESGO.76

**Introduction/Background** The extraperitoneal approach for para-aortic lymphadenectomy provides an excellent anatomical exposure, even in patients with obesity. Compared with laparotomic approach, extraperitoneal lymphadenectomy reduces considerably the adhesion rate, which is especially important in cases in which adjuvant treatment with radiotherapy will be necessary. Compared with transperitoneal approach, extraperitoneal has similar results in terms of hospital stay, estimated blood loss, conversion to laparotomy, total operative time and postoperative complications. However, extraperitoneal approach is associated with less intraoperative complications and a greater number of nodes retrieval compared with transperitoneal approach.

**Methodology** We show the case of a 56-year-old patient, diagnosed of Lynch syndrome, with a personal history of rectal cancer (23 years before) and a low-grade endometrial carcinoma (10 years before) who presented an abnormal PET-TC at the level of the aortic bifurcation. The initial suspicion was an endometrial cancer relapse.

In this video, we show step by step, the surgical management of a laparoscopic paraaortic debulking performed by extraperitoneal approach, with the removal of a single 2cm-metastasis at the level of the aortic bifurcation.

**Results** Given the suspicion of a single para-aortic lymph node tumor recurrence, we performed an extraperitoneal laparoscopic approach to perform the lymph node debulking. The patient was discharged the following day without postoperative complications. The pathological result reported a poorly

differentiated carcinoma metastasis, of gynecological origin with loss of immunexpression of MLH1 and PMS2. She received adjuvant chemotherapy with Paclitaxel and Carboplatin.

**Conclusion** The extraperitoneal laparoscopic approach is a good alternative for the treatment of paraaortic metastases providing an excellent anatomical exposure without increasing surgical time or complication rates.

#764

#### ONCOVASCULAR SURGERY IN GYNECOLOGIC ONCOLOGY: EN BLOC METASTATIC LYMPH NODE AND INFILTRATED INFERIOR VENA CAVA RESECTION FOLLOWED BY PATCH RECONSTRUCTION

<sup>1,2</sup>Giuseppe Cucinella\*, <sup>1,2</sup>Mariano Catello Di Donna, <sup>1</sup>Antonino Abbate, <sup>1</sup>Glanmarco Accardi, <sup>1</sup>Letizia Borsellino, <sup>1</sup>Andrea Etrusco, <sup>1</sup>Giulia Musicò, <sup>1</sup>Giuseppe Mascellino, <sup>1</sup>Giulia Zaccaria, <sup>1</sup>Nicolò Iatrino, <sup>1</sup>Irene Di Filgia, <sup>1</sup>Natalina Buono, <sup>1</sup>Tania Spedale, <sup>1</sup>Cetty Gullo, <sup>1</sup>Sara Ministero, <sup>1</sup>Giulia Gambino, <sup>1</sup>Giuseppe Paci, <sup>1,3</sup>Antonio Simone Laganà, <sup>1,3</sup>Vito Chiantera. *<sup>1</sup>Unit of Gynecologic Oncology, ARNAS 'Civico-Di Cristina-Benfratelli', University of Palermo, Palermo, Italy; <sup>2</sup>Department of Surgical, Oncological and Oral Sciences (Di.Chir.On.S.), University of Palermo, Palermo, Italy; <sup>3</sup>Department of Health Promotion, Mother and Child Care, Internal Medicine and Medical Specialties (PROMISE), University of Palermo, Palermo, Italy*

10.1136/ijgc-2023-ESGO.77

**Introduction/Background** Advanced or recurrent gynecologic cancers with retroperitoneal lymphatic disease may involve the inferior vena cava (IVC), and achieving radical debulking of the disease in this scenario is challenging. The concept 'onco-vascular surgery' defines the case of tumor resection with simultaneous reconstruction of the great vessels when the tumor infiltrates or firmly adheres to the great vessels. The aim of this video is to demonstrate the surgical procedures for radical en bloc resection of metastatic lymph nodes and the infiltrated IVC followed by vascular reconstruction.

**Methodology** The indication for the debulking surgery was a first isolated recurrence of endometrioid endometrial cancer grade 2 (first diagnosis stage IB followed by external beam radiotherapy) in a 50-year-old patient with good performance status. Bulky precaval lymph nodes with infiltration of the IVC were identified, while other distant metastases were excluded. The multidisciplinary tumor board approved surgery as a treatment option.

**Results** The lymph node metastasis infiltrated the IVC with absence of a reliable dissection plane. After systemic heparin infusion and proximal and distal clamping of the vessel, we performed an en bloc resection of metastatic lymph nodes along with the infiltrated portion of the IVC. Subsequent vascular reconstruction was performed with a bovine patch. A Running suture (Prolene 5/0) was used to fix the patch in place. An intravascular heparin bolus was injected at the end of the procedure. Complete removal of macroscopic disease was achieved. No intraoperative or post-operative complications were observed.

**Conclusion** Tumor debulking with en bloc vascular resection and subsequent reconstruction is a feasible procedure, but requires accurate preoperative planning and an experienced surgical team. Gynecologic oncologists need to be familiar with the concept of 'oncovascular surgery' in order to provide the best curative treatment even in the challenging case of advanced cancers with vascular involvement.