PORTA HEPATIS DISEASE IN OVARIAN CANCER. WHEN CYTOREDUCTION IS POSSIBLE

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Introduction/Background The main surgical goal in ovarian cancer is achieving an optimal cytoreduction with no gross disease.

Upper abdominal debulking procedures demand higher surgical effort, several studies described up to 40% of improvement in optimal cytoreduction rate. Besides, it is recognized that complete cytoreduction is related with higher survival rates.

The dissection of the porta hepatis region is challenging, due to the risk of injury of the portal vein, the hepatic artery and the common bile duct.

Methodology We want to show how to perform this surgical procedure in a successful case of posterior hepatitis tumor resection. We will show anatomical landmarks, anatomical images and a step by step procedure, correlating the tumor load with the portal vein, the hepatic artery and the common bile duct.


Results Traditionally porta hepatitis disease was related with non-resectability.

Tumor debulking at porta hepatitis region is feasible for some patients with low morbidity.

Anatomical knowledge and meticulous surgical technique should be mandatory.

Unresected tumor of porta hepatitis may cause pain, obstructive jaundice and bowel obstruction.

Conclusion Surgical expertise in upper abdominal debulking techniques increase the optimal cytoreduction rate in ovarian cancer.

Managing porta hepatitis debulking procedures increase our chances of accomplishing no gross residual disease, therefore, disease-free survival and overall survival of our patients may increase.

CONSERVATIVE MANAGEMENT OF BURST ABDOMEN AFTER INTERVAL CYTOREDUCTION SURGERY OF OVARIAN CARCINOSARCOMA

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Introduction/Background Laparotomy is a common procedure in patients with extended carcinomatosis disease. Burst abdomen is an uncommon complication in midline laparotomies, reported in 0.2% to 5% 1 after elective surgery and 8.3% to 45% 2 after emergency surgery. This scenario is associated with increased morbidity 3 and mortality rates up to 30%.4

Methodology We report a 71 y/o female patient with ovarian origin carcinomatosis (carcinosarcoma) underwent interval cytoreduction surgery. She was readmitted after hypoproteinemia, ascites, and deterioration of the general condition where there is evidence of severe peritonitis and the laparotomy wound presenting a burst abdomen.

Results We show a conservative management option using negative pressure wound therapy (NPWT) and partial closure finally achieving total closure of the abdominal wall.

Conclusion Burst abdomen is a postoperative complication associated with significant morbidity and mortality. The risk factors for burst abdomen are patient- and surgery-related. The management of this complication is a relatively unexplored area within the field of surgery. In these scenarios NPWT is a tool to be considered for its resolution.

SEGMENTAL HEPATECTOMY, CHOLECYSTECTOMY, SPLENECTOMY, AND SEROSAL IMPLANT RESECTION. SURGICAL PROCEDURES FOR CYTOREDUCTION IN THE UPPER ABDOMINAL CAVITY IN ADVANCED OVARIAN CANCER

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Introduction/Background The aim of this video is to show the different surgical techniques performed for debulking in advanced ovarian cancer.

Methodology Observational and retrospective study of 101 women who had primary cytoreductive surgery (PDS) or those that received neoadjuvant chemotherapy followed by interval debulking surgery (IDS) between January 2008-March 2023.

The chosen case was because several techniques were associated: Omentectomy, excision of implants in the serous of...