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Sentinel lymph node in apparent early ovarian cancer: open technique

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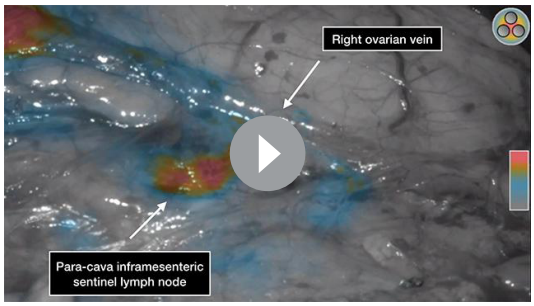
In apparent early stage ovarian cancer, complete surgical staging surgery including systematic lymphadenectomy is recommended at the time of diagnosis. Although minimally invasive surgery can be carried out for re-staging, laparotomy is the standard surgical approach recommendation to treat and stage patients with apparent early stage ovarian cancer.[1] After complete staging surgery, approximately 14% of the patients are upstaged due to positive lymph nodes.[2] Nevertheless, low grade carcinomas may present a lower rate of lymph node involvement.[3] The sentinel lymph node technique has been reported to be feasible in a recent pilot study.[4] In an attempt to avoid the potential drawbacks of lymphadenectomy, two clinical trials (SENTOV and SELLY) are currently ongoing to clarify the use of the sentinel lymph node technique in early ovarian cancer.

Video 1 explains step-by-step the sentinel lymph node procedure in a patient diagnosed with a suspicious adnexal mass. Exploratory laparotomy and adnexectomy, followed by frozen section, were performed. The intra-operative pathology examination confirmed a carcinoma. For sentinel lymph node detction, a combination of two methods was used: technetium-99m nanocoloid and indocyanine green. The injection points were at the infundibulopelvic and ovarian ligament stumps. We injectedsubperitoneally 0.2 mL of saline solution containing 37 MBq of technetium-99m nanocoloid followed by 0.5 mL of indocyanine green. We used a 27 G needle at each injection point. After a minimum of 15 min, the operative field was checked with an intra-operative mobile gamma camera for descriptive purposes only. Guided by the acoustic signal of the gamma probe and a near-infrared camera, we performed a minimum dissection looking for the sentinel lymph node or nodes in the pelvic and para-aortic region. Any lymph node with a remarkable radioactivity count higher than 10 times the background and dyed with indocyanine green was considered a sentinel lymph node and was harvested separately. A systematic surgical staging was performed after the sentinel lymph node procedure was accomplished. Between 2017 and 2019, this procedure was performed in 30 patients, in the context of our pilot experience[4] and the clinical trial SENTOV (NCT03452982).



Video 1.

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