Robotic fertility-sparing surgery for early-stage epithelial ovarian cancer

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Accepted 9 August 2021

The objective of the video article is to present a complete robotic restaging surgery for an early stage endometrioid ovarian cancer developed in an endometrioma in a young patient wishing to preserve her fertility. We demonstrate the entire surgical technique of restaging. Institutional review board approval was not required for this video presentation.

We present the case of a 27-year-old patient with one child and no medical history who was treated in emergency for a right adnexal torsion by laparoscopy. A cystectomy was performed with perioperative rupture of the cyst. The analysis of the surgical specimen led to the diagnosis of grade 1 endometrioid ovarian cancer developed within an endometrioma.

The patient underwent a complete surgical staging including pelvic and para-aortic lymph node dissections, appendectomy, omentectomy and right salpingo-oophorectomy by robot-assisted laparoscopy.

All specimens were negative at final pathology examination and the disease was confirmed at stage 1C1 (peroperative spillage). There were no surgical

Figure 1 Anatomical variation (latero-aortic left renal vein) during robotic assisted para-aortic lymph node dissection for restaging of an early-stage ovarian cancer.

complications. No adjuvant treatment was indicated. The patient was pregnant 2 months after the surgery.

Fertility-sparing minimally invasive surgery is acceptable for women of childbearing age who want to become pregnant in the case of early-stage ovarian cancer, after adequate staging. Minimally invasive surgery is safe,¹ effective, and particularly adapted for

Video 1 Entire robotic fertility-sparing surgery for early-stage epithelial ovarian cancer.

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To cite: Azais H, Koual M, Nguyen-Xuan H-T, *et al.* *Int J Gynecol Cancer* Published Online First: [please include Day Month Year]. doi:10.1136/ijgc-2021-002799

Video article

women who wish to preserve their fertility without compromising oncological outcomes. This option may be safely proposed for 1A and 1C1, low-grade serous or endometrioid ovarian cancer.^{2 3} Complete information about oncological and obstetrical outcomes is mandatory and patients should agree to comply with close follow-up.⁴

In conclusion, minimally invasive fertility-sparing surgery is safe and effective for women with early-stage ovarian cancer.

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Contributors Conception and design of study: HA, MK, A-SB. Data collection: HA, EB, MK. Data analysis and interpretation: HA, MK, H-TN-X, EB. Responsible surgeon or imager: HA, EB, GA. Manuscript preparation: HA, MK, EB. Patient recruitment: HA, A-SB.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement There are no data in this work.

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