



Laparoscopic pelvic and lumbo-aortic lymphadenectomy and hysterectomy by total left lateral approach

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This video shows a complete left lateral laparoscopic surgical approach for the treatment of endometrial carcinoma in a patient with major pelvic adhesions due to previous surgeries.

In a French university tertiary care hospital, a 73-year-old patient presented with post-menopausal bleeding and was later diagnosed with a grade 3

serous endometrial carcinoma with suspected uterine serosa, cervix, and iliac and latero-aortic lymph node involvement. It was decided to perform a total laparoscopic hysterectomy, bilateral adnexectomy, and pelvic and lumbo-aortic lymphadenectomy.

Previous abdominal interventions, including colon resection because of a volvulus and the placement of

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LAPAROSCOPIC PELVIC AND LUMBO-AORTIC LYMPHADENECTOMY AND HYSTERECTOMY BY TOTAL LEFT LATERAL APPROACH

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Video 1



Figure 1 Image showing the placement of all four trocars on the left side of the abdomen.

two abdominal wall meshes for a midline hernia and a left Spiegel hernia, considerably augmented the risk of adhesions. For that reason, a retroperitoneal approach was considered.

A total left lateral laparoscopic approach, with placement of all four trocars on the left side of the abdomen (Figure 1), and total hysterectomy with bilateral adnexectomy, bilateral pelvic and lumbo-aortic lymphadenectomy until the level of the left renal artery were carried out, always maintaining the left retroperitoneal approach (Online Supplemental File 1).

Laparoscopy is possible for the treatment of endometrial carcinoma, even in the presence of major pelvic adhesions due to multiple previous abdominal surgeries.¹ A retroperitoneal approach, classically used for lumbo-artic lymph node

dissection, can also enable pelvic lymph node dissection and total hysterectomy.²

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