



Anterior pelvic exenteration and laterally extended pelvic resection: a step by step procedure

Manon Daix ^{1,2}, Martina Aida Angeles ³, H el ene Leray,³ Kelig Vergriete,³ Alejandra Martinez ⁴, Gwenael Ferron⁵

¹Surgery, IUCT Oncopole, Toulouse, France

²Department of Gynecology, Centre Hospitalier Chretien - MontLegia, Liege, Belgium

³Department of Surgical Oncology, IUCT Oncopole, Toulouse, France

⁴Department of Surgical Oncology and INSERM CRCT Team 1, Tumor Immunology and Immunotherapy, IUCT Oncopole, Toulouse, France

⁵Department of Surgical Oncology and INSERM CRCT Team 19, Oncogenesis of Sarcomas, IUCT Oncopole, Toulouse, France

Correspondence to

Dr Gwenael Ferron, Department of Surgical Oncology and INSERM CRCT Team 19, Oncogenesis of Sarcomas, IUCT Oncopole, Toulouse 31100, France; ferron.gwenael@iuct-oncopole.fr

Accepted 6 October 2021

SUMMARY

Since the initial description of extended pelvic surgery for gynecological cancer recurrences, lateral involvement of the pelvic side wall has been considered an absolute contraindication for pelvic exenteration. Previous irradiation of the pelvis, and involvement of major vascular structures, nerves, or pelvic bones impacted the success of the surgery and resulted in a poor oncological outcome.

In 1999, H ockel focused his interest on a pelvic side wall resection technique and provided a thorough description of laterally extended endopelvic resection with a curative intent.¹ This newly developed concept was adopted by most surgical teams and rebranded as laterally extended pelvic resection. This en bloc pelvic resection allows tumor free margins to be obtained in the case of lateral pelvic side wall involvement, with acceptable mortality rates and improved overall survival in a selected group of patients for whom palliative therapy would be the only alternative. This complex and ultraradical surgical technique allows negative margins to be achieved in more than 75% of patients when it is performed by expert teams in highly selected patients. However,



Figure 1 Final view after anterior pelvic exenteration and laterally extended pelvic resection for cervical cancer involving the right pelvic wall.

these procedures are associated with a high rate of postoperative complications.²

In this video, we present an open anterior pelvic exenteration and a laterally extended pelvic resection performed by a senior oncological surgeon in a referral cancer center. The surgery was performed in a 52-year-old patient diagnosed with squamous cell cervical cancer involving the right pelvic wall and previously treated with concomitant



Video 1 Anterior pelvic exenteration and laterally extended pelvic resection: a step by step procedure.



  IGCS and ESGO 2021. No commercial re-use. See rights and permissions. Published by BMJ.

To cite: Daix M, Angeles MA, Leray H, et al. *Int J Gynecol Cancer* Published Online First: [please include Day Month Year]. doi:10.1136/ijgc-2021-003047

Video article

chemoradiotherapy. At the end of this treatment, she presented a large symptomatic vesicovaginal fistula with residual tumor. The reconstructive surgery was carried out, performing a continent urinary diversion with a Miami pouch³ and deep inferior epigastric perforator flap for vaginal reconstruction.⁴

Twitter Manon Daix @manon_daix, Martina Aida Angeles @AngelesFite and Alejandra Martinez @Alejandra

Contributors MD, MAA, HL, and KV: conceptualization, video editing, and writing-original draft. AM: conceptualization, project administration, supervision, and writing-review. GF: conceptualization, project administration, surgery and video recording, supervision, and writing-review.

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 applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement There are no data in this work.

ORCID iDs

Manon Daix <http://orcid.org/0000-0001-8986-8655>

Martina Aida Angeles <http://orcid.org/0000-0003-4401-3084>

Alejandra Martinez <http://orcid.org/0000-0002-7633-3536>

REFERENCES

- 1 Höckel M. Laterally extended endopelvic resection: surgical treatment of infrailiac pelvic wall recurrences of gynecologic malignancies. *Am J Obstet Gynecol* 1999;180:306–12.
- 2 Vizzielli G, Naik R, Dostalek L, *et al.* Laterally extended pelvic resection for gynaecological malignancies: a multicentric experience with Out-of-the-Box surgery. *Ann Surg Oncol* 2019;26:523–30.
- 3 Martínez-Gómez C, Angeles MA, Martínez A, *et al.* Creation of a Miami pouch in 10 logical steps. *Gynecol Oncol* 2018;151:178–9.
- 4 Angeles MA, Martínez-Gómez C, Martínez A, *et al.* Vaginal reconstruction after pelvic exenteration with a vertical deep inferior epigastric perforator flap in 10 steps. *Int J Gynecol Cancer* 2020;30:1–6.