Robotic isolated lymphnodal debulking of the pelvic side wall in a secondary ovarian recurrence

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Ovarian cancer is the most lethal gynecological malignancy due to its late detection and high recurrence rate. Recurrences after 6 months of platinum based treatment may have the most benefit from secondary and tertiary cytoreductive surgery. Isolated and resectable disease is the main significant predictor of successful cytoreduction with subsequent survival benefits.1 Moreover, isolated lymphatic relapse represents the main indication of surgical treatment, improving prognosis. Localized lymph node recurrence is suitable for minimally invasive surgery, providing better perioperative and long term outcomes, but highly advanced surgical skills and experience are required.2 3

We present the case of a 59-year-old patient with a second high grade serous epithelial ovarian cancer recurrence treated with robotic surgery. At the first diagnosis (International Federation of Gynecology and Obstetrics (FIGO) stage IIIIC), the patient underwent laparoscopic cytoreduction followed by platinum based chemotherapy. The patient experienced the first right obturator lymphatic recurrence 50 months later, and laparoscopic complete debulking and systemic therapy were performed. After 12 months from the first recurrence, imaging showed an isolated lymph node relapse in the right obturator fossa with pelvic side wall involvement. A complete...
(no residual tumor) robotic assisted laparoscopic cytoreduction was performed, sparing the obturator nerve. No intraoperative or postoperative complications were observed. No relapse was reported after 2 years of follow-up.

Minimally invasive surgery is a valid option for secondary cytoreduction in selected isolated ovarian cancer recurrence. Complete debulking through minimally invasive surgery is feasible and enhances the chances of a favorable result. The robotic approach represents a technological advance over traditional laparoscopy, allowing radical surgery even in a complex case of ovarian recurrence involving the pelvic side wall. Robotic surgery may be considered for highly selected recurrent ovarian cancer cases in referral oncological centers with extensive experience in minimally invasive surgery.

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Ethics approval This study involves human participants but in our center, institutional review board approval was not required because the study involved analysis of existing data. Informed consent was obtained from the patient for the anonymized insertion of the data regarding her treatment and oncologic outcome in our research databases. The ethic committee approved the collection of data for research purposes.

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