Laparoscopically assisted staging surgery for Korean Woman with Endometrial cancer

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Endometrial cancer is the most common gynaecologic cancer and the third most frequent gynaecologic cancer in Korea, followed by cervical cancer and ovarian cancer. The incidence of endometrial cancer has gradually increased in Korea. Endometrial cancer surgeries have been traditionally performed via laparotomy to accomplish a total abdominal hysterectomy (TAH) and surgical staging of retroperitoneal lymph nodes. Childers et al were the first authors to report the use of laparoscopically assisted vaginal hysterectomy (LAVH) with laparoscopic staging of pelvic and para-aortic lymph nodes in 1992 for treatment of early-stage endometrial cancer. Since that time, numerous reports have supported the equivalency of laparoscopic nodal staging compared with traditional open surgical staging for endometrial cancer. This video clip shows the procedure of the laparoscopically assisted staging surgery (LASS) including peritoneal washing cytology, LAVH with bilateral salpingo-oophorectomy, pelvic and para-aortic lymphadenectomy. LASS can be performed without additional morbidity and complications, and might be feasible in Korean women with endometrial cancer.

Secondary cytoreductive surgery for recurrent ovarian cancer: Resection of the omental bursa and splenectomy

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Tumor involvement of the omental bursa (lesser sac) can be frequently found in patients with recurrent ovarian cancer. The most frequent site of tumoral implants in the omental bursa is at the peritoneal fold between liver segment I, inferior vena cava, and the crus of the diaphragm. We present a case of 42-year old woman with recurrent ovarian cancer who underwent resection of the omental bursa and splenectomy as part of secondary cytoreductive surgery. Preoperative PET-CT showed disease spread to the omental bursa and splenic hilum. Her CA-125 level was 107.4 U/mL. After resection of the lesser omentum, dissection of the omental bursa was performed and the recurrent disease was found in the caudate lobe of the liver. Resection of the tumor was done. Two metastatic lesions were found on the splenic hilum and splenectomy was performed. There were no intraoperative complications and EBL was about 100 mL.