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Laparoscopic ilioobturator dissection, about a case.

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Introduction:

Bilateral pelvic lymphadenectomy can be performed laparotomically or laparoscopically. It corresponds to a bilateral subvenous external iliac pelvic dissection carrying a block cellulo-ganglionic tissue located inside the external iliac vein, in front of the obturator nerve and outside the umbilical artery. It is recommended by Figo to achieve precise staging in endometrial, cervical and ovarian cancers.

Materials and methods:

Installation of the patient

The patient is installed in double track. The upper limbs are placed along the body. The lower limbs are apart, feet and legs in boots, knees . The patient is placed in the Tredelenburg position of 15°. The buttocks are slightly off the table

Opening of the peritoneum

The opening of the lateropelvic peritoneum is made above the external iliac vessels between the lumbo-ovarian pedicle and the round ligament. Lymph node dissection

Lymph node dissection

the dissection begins with the external chain above the psoas muscle. The dissection is pulled inside and the artery is released gradually. Dissection is continued by removing the intermediate chain and going up to the iliac bifurcation.

Obturator nerve tracking

The location of the obturator nerve is done at the anterior part of the dissection at the level of its passage under the Cooper's ligament.

Cleaning release

The dissection is then towed at the zenith and the dissection continues above the obturator nerve along its entire length up to the iliac bifurcation.

Benchmarks at the end of the intervention

The extraction of the lymph node lamina should be protected with a laparoscopic sac. It is done through the suprapubic trocar.

The anatomical landmarks of the pelvic dissection are found: outside the external iliac vein, below the obturator nerve, at the top the iliac bifurcation and inside the umbilical artery

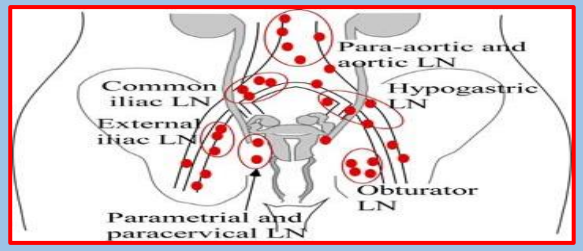
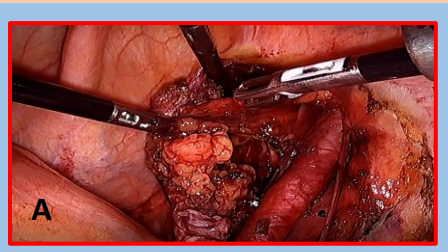


Fig 1: Schematic view of pelvic gonglions



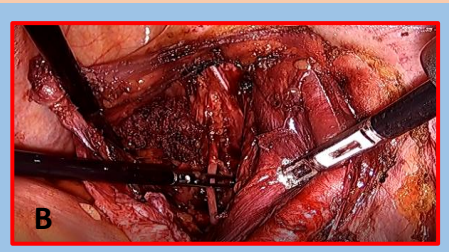


Fig 2: A and B :Laparoscopic ilioobturator dissection

About a case:

This is patient B.I aged 49, who presented with polypoid endometrial bleeding after two failures under hysteroscopy.

The patient is operated by total hysterectomy with bilateral appendectomy by laparotomy, the histopathological study found a grade 1 endometrial adenocarcinoma.

The patient is taken back to our level for laparoscopic ilioobturator dissection for endometrial cancer.

Result:

The anatomopathological study of gonglion dissection found an invasive lymphatic gonglion.

Discussion:

All metrorrhagia requires endouterine exploration for biopsies.The endovaginal ultrasound coupled with Doppler and suprapubic is indicated and must be the subject of a detailed report.

The diagnosis of endometrial tumor is established by anatomo-pathological sampling to obtain the histological type and grade of the tumor, which can be performed by diagnostic hysteroscopy with directed biopsies;But sometimes the diagnosis is negative and is detected only by anatomo-pathological study of the operative excision piece requiring an extension assessment and a pelvic lymph node dissection.

Bibliographie:

1,M. Ballester [a b], **E. Chéreau** [a b], **C. Coutant** [a b], **E. Daraï** [a b], **R. Rouzier** [a b] Le curage pelvien par cœlioscopieLaparoscopic pelvic lymph node dissection Journal de Chirurgie ViscéraleVolume 148, Issue 2, April 2011, Pages 125-130

2,Sergio Pecorelli ,Stadification FIGO révisée pour le carcinome de la vulve, du col de l'utérus et de l'endomètre ..J Gynaecol Obstet Volume 105, Numéro 2, mai 2009, page 103-104