EXTRAPERITONEAL LAPAROSCOPIC PARA-AORTIC LYMPHADENECTOMY: DIFFERENT TECHNIQUES

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Chemoradiation therapy is considered the standards treatment for bulky cervical cancer by many North American and Western European teams. The incidence of para-aortic (PA) nodal metastasis in these tumours ranges from 10% to 25%. Positron emission tomography (PET) with or without CT imaging is the most accurate imaging modality for evaluating extrapelvic disease in locally advanced cervical cancer (LACC). When PA nodes are considered metastatic, the radiation field is extended to the upper abdomen. However, the rate of false negatives at PET-CT assessment of PA nodes in LACC is 12% increasing to 22% if PET-CT reveals pelvic nodes with suspicious metastases. The concept of surgical staging has gained momentum with the development of laparoscopy which reduce surgical complications. Vasilev in 1996 and Daniel Dargent in 2000 developed the lateral extraperitoneal approach with 4 trocar access reducing adhesion formation and laparotomic conversion in obese patients. Sebastian Gouy in 2001 developed the single port extraperitoneal approach reducing cosmetic scarring caused by multiply insertions of ports during conventional laparoscopy. We present our experience in extraperitoneal lymphadenectomy with both conventional and single port laparoscopy.