



Peritoneal carcinomatosis from ovarian carcinoma treated by interval laparoscopic complete cytoreduction and HIPEC with extraction through natural orifice

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Objective

Cytoreductive surgery (CRS) associated with hyperthermic intraperitoneal chemotherapy (HIPEC) for peritoneal ovarian carcinomatosis have increased its popularity due to the improvement in disease control and survival rates [1]. In this video we expose a complete laparoscopic CRS + HIPEC in a patient affected with primary ovarian peritoneal carcinomatosis.

Methods

A 54-year-old female presented with limited peritoneal carcinomatosis and mediastinal positive lymph nodes from papillary serous ovarian carcinoma. Laparoscopic bilateral oophorectomy and peritoneal biopsy were performed in her origin center. Patient showed tumor down staging after six cycles of carbo-taxol with no evidence of extra-abdominal disease. She was submitted to our Unit for evaluating interval CRS + HIPEC.

Results

After systematic complete exploration of the abdominal cavity, a low PCI was assessed. We performed en-bloc parieto-pelvic

peritonectomy, total hysterectomy, iliac lymphadenectomy, appendectomy and complete omentectomy by laparoscopy approach, extracting all specimens through vagina. When a complete cytoreduction (CC-0) was achieved, HIPEC with Paclitaxel 120 mg/m² during 60 minutes was administered.

Between 2016 and 2019, 115 CRS + HIPEC for ovarian carcinomatosis were operated in our Unit, being 6 of them performed by minimal invasive approach. They had a PCI < 10 after neo-adjuvant treatment. Median operative time was 8 hours (6–11). Median hospital length was 5 days (4–10). No major morbidity and mortality were showed. Median of follow-up was 12 months with no evidence of local relapse.

Conclusion

Interval laparoscopic CRS + HIPEC in primary ovarian carcinomatosis might be performed safely in highly selected patients. Less morbidity and length stay have been showed. Long-term oncological outcomes must be evaluated [2–4].

Author contribution

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performed the surgery. Manuel Durán took the surgical video. Álvaro Arjona-Sánchez and Manuel Durán wrote the manuscript and edited the video. Álvaro Arjona-Sánchez and Sebastián Rufián-Peña edited the manuscript. All authors have approved the final manuscript.

Conflicts of interest

The authors have no conflicts of interest to declare.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.suronc.2019.08.005>.

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