

472 Virtual Poster Session 2
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1:40 PM – STATION Q

Laparoscopic Hysterectomy Performed in a Patient with Cystic Adenomyosis of the Cervix

Barison GA,* Leal AA, Ferreira LA, Bezerra VA, Miziara RA, Zlotnik E, Gomes MT. Hospital Israelita Albert Einstein, São Paulo, Brazil

* Corresponding author.

Objective: Report a case for video abstract of Laparoscopic Hysterectomy performed in a patient with Cystic Adenomyosis of the cervix.

Design: Video abstract of a patient with adenomyosis of the cervix, surgically treated by Laparoscopy.

Settings: Hospital Israelita Albert Einstein.

Patients: 40 year old, Female, nulliparous patient.

Interventions: Laparoscopic Hysterectomy performed in a patient with Cystic Adenomyosis of the cervix.

Measurements/Results: 40 year old, Female, nulliparous patient, who had abnormal uterine bleeding and pelvic pain for approximately five years. She did not have any other comorbidities, other than anemia due to abnormal uterine bleeding. MRI showed enlarged uterus (270 cc), discretely heterogeneous myometrium, irregular uterine junction and Multiple submucosal retention cysts in the cervix, measuring up to 2.5 cm each. During hysterectomy, we noticed a difficulty in accessing the cervical cup of the uterine manipulator at the time of colpotomy. During the section of vaginal cuff using monopolar energy we observed great mucoid fluid, making it difficult to identify the cup. The pathology report showed adenomyosis of the uterus and cystic adenomyosis of the cervix.

Conclusions: Cervical adenomyosis is a rare condition that sometimes can not be well foreseen in pre surgical exams. It can be quite a challenge for the surgeon, mainly during colpotomy. Surgical team must be prepared for this kind of adversity in order to perform a satisfactory surgical treatment.

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Laparoscopic Management of Round Ligament Varicocele

Rajakumar C,* Wagner AM, Watson J, Kenny K. Obstetrics and Gynecology, University of Calgary, Calgary, AB, Canada

* Corresponding author.

Objective: This video will demonstrate a laparoscopic technique for the excision of round ligament varicocele.

Design: Case report.

Settings: University affiliated tertiary level urban hospital.

Patients: A 36-year-old nonpregnant woman who presented with symptoms of a 3 cm, right-sided groin mass. The mass would present as a painful bulge during periods of increased abdominal pressure and was largest and most likely to do so during menses. This caused significant impact to her quality of life.

Interventions: Imaging and consultation to a general surgeon ruled out hernia. Although there was some symptom mitigation with menstrual suppression, the impact to her quality of life warranted surgical management by an expert laparoscopist.

Measurements/Results: This video demonstrates the laparoscopic approach for safe excision of extraperitoneal round ligament varicoceles. Excision ameliorated all symptoms and restored quality of life.

Conclusions: A laparoscopic approach is an effective technique for excision of symptomatic round ligament varicoceles.

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1:50 PM – STATION B

Total Laparoscopic Hysterectomy: Is it Safe for the Obese Patient (Class I, II and III)

Emeny P*. OB/GYN, University of California, San Fran, Fresno, Fresno, CA

* Corresponding author.

Objective: Evaluating the impact of obesity on surgicopathologic outcomes based on body mass index (BMI) and comparing results with all patients having total laparoscopic hysterectomy.

Design: Retrospective cohort study Design Classification: Canadian Task Force II-3.

Settings: Inpatient hospital.

Patients: Sequential series of 2,133 patients with any benign gynecologic diagnoses, and early cervical, endometrial, and ovarian carcinoma diagnoses, from September 1996 to July 2016, with BMI ranging from 18.5 to 74.1. 825 women were classified as ideal or underweight (BMI <24.9 kg/m²); 628 were overweight (BMI 25.0 - 29.9 kg/m²); 300 had class 1 obesity (BMI >30.0 - 34.9 kg/m²); 179 had class 2 obesity (BMI 35 - 39.9); and 201 had class 3 obesity (BMI > 40.0).

Interventions: All patients treated with total laparoscopic hysterectomy.

Measurements/Results: Mean age (53 years+/-12), mean parity (1 + /-1) and mean height (64.3 + /-3 inches), were similar in each BMI group. Pre-operative diagnoses of endometrial hyperplasia and cancer were more common with increasing BMI (p < .00001). Leiomyomata were less common with increasing BMI (p < .0017). Mean operating time (156 + /-60 minutes), blood loss (160 + /-18 mL), and length of hospital stay (1.2 + /- .7 days) was similar in each BMI group. Total complications overall was 6.1%, significantly decreased with increasing BMI category (8, 6.3, 4, 2.2, 4%, p = .008). Unplanned conversions occurred at 0.6% in all categories of BMI.

Conclusions: Total laparoscopic hysterectomy is feasible and safe for obese women, regardless of her BMI. Class I, 2 or 3 obesity is not a contraindication to good outcomes from laparoscopic surgery.

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A New Method for Sentinel Lymph Node Detection in Laparoscopic Surgery for Patients with Cervical Cancer: Carbon Nanoparticles

Wang Y*. Department of Gynecologic Oncology, National Cancer Center/ Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, China

* Corresponding author.

Objective: To investigate the feasibility and efficiency of carbon nanoparticles (CNP) in the detection of sentinel lymph nodes (SLN) in laparoscopic surgery for cervical cancer.

Design: A prospective clinical study of surgery for cervical cancer.

Settings: Department of Gynecologic Oncology, National Cancer Center/ Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College.

Patients: Patients with cervical cancer staging IB1 to IIA2 undergoing laparoscopic surgery prospectively. Using CNP to detect SLN in surgery, and evaluate the detective rate, accuracy, sensitivity, false negative rate, and negative predictive value of this method. From September 2012 to March 2018, 55 patients with cervical cancer were included.

Interventions: Cervical injection of CNP was performed under anesthesia, and black stained lymph nodes was identified as SLN. Complete pelvic and/or paraaortic lymphadenectomy was conducted after removal of SLN, and all patients received radical hysterectomy. SLN and other resected specimens were separately performed routine pathological examination.