Results -
Conclusion Minimally invasive surgery for Radical Parametrectomy with upper vaginectomy and pelvic lymph node dissection is feasible and effective .

#801 ABDOMINAL RADICAL TRACHELECTOMY: A VIDEO PRESENTATION

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Introduction/Background Cervical cancer is the third common gynecological cancer in the Europe despite the increase in primary human papillomavirus (HPV)/smear screening.[1] And it is the second mortal gynecological cancer in European area.[2] Especially in patients who need to preserve fertility, fertility-sparing surgeries come to the fore rather than radical surgeries.[2]
Methodology In this video presentation, we planned to share our case of abdominal radical trachelectomy, and sentinel lymph node dissection performed in a 29-year-old stage 1b1 squamous cell cervical cancer patient in a tertiary ESGO accredited university hospital.
Results No residual tumor tissue or positive surgical margin remained after radical trachelectomy and sentinel lymph node dissection. The pathology result was reported as stage 1b1 squamous cell cervical carcinoma. Sentinel lymph node sampling was reported as negative by intraoperative frozen examination, and the final pathology result was consistent with this. There was no suspicious involvement in the pet examination at the 3rd month follow-up. No evidence of residual disease was found on pelvic MR. The control HPV results (at the 6th and 12th months after surgery) was reported as negative. Routine follow-up of the patient will continue according to the guideline recommendation.[2]
Conclusion Radical trachelectomy and sentinel lymph node sampling as a fertility preserving surgical option in patients with stage 1b1 cervical squamous cancer is an option for patients with future fertility expectancy.

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#966 EXTRAPERITONEAL LYMPH NODE DISSECTION IN A PATIENT WITH CERVICAL CANCER: A CASE REPORT

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Introduction/Background Recently, surgical staging has been recommended to select a treatment modality for locally advanced cervical cancer. We approached the case by considering studies that talk about clinical outcomes and risk factors for overall survival (OS) in patients with locally advanced cervical cancer treated according to lymph node status.
Methodology Step by step video demonstration of the laparoscopic approach to extraperitoneal lymph node dissection who had locally advanced cervical cancer
Results The operation time was 85 minutes. The bleeding was 50 cc. No intraoperative or postoperative complications were observed. The patient was discharged after 2 days of surgery. The pathology results were squamous cell carcinoma.
Conclusion Metastasis to paraaortic lymph nodes is the primary prognostic factor that affects survival. Surgery would provide information regarding the patient's prognosis and treatment options.
Disclosures We approached the case by considering the studies on extraperitoneal lymph node dissection in locally advanced cervical cancer patients.

#1104 FIRST BIRTH AFTER UTERINE TRANSPOSITION FOR CERVICAL CANCER – SURGICAL TECHNIQUE AND CASE REPORT

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Introduction/Background Cervical cancer is the world's fourth leading cause of cancer-related death in women. It is diagnosed in 38% of cases in patients up to 45 years old, making fertility-sparing treatments relevant. Regular requests include the absence of lymph node metastasis. Recently, an alternative for sparing the uterus and ovaries to pelvic radiotherapy effects was reported by Ribeiro et al. in 2017, the uterine transposition (UT). Although the oncologic and obstetrics outcomes should be proven for gynecological cancer management. This is the first report of spontaneous pregnancy and birth after uterine transposition for gynecological cancer.
Methodology We conducted this video-article showcasing the complete treatment journey of a 30-year-old patient diagnosed with stage IIIC1mi (FIGO 2018) adenocarcinoma cervical cancer submitted to Uterine Transposition. 14 months after chemoradiotherapy treatment and the uterine repositioning, she conceived spontaneously. A robotic double-cerclage was performed at 13 weeks after a normal morphological ultrasound and the pregnancy proceeded without complications.
Results The first birth worldwide following uterine transposition for cervical cancer occurred spontaneously with no reproductive assistance technique. The child showed normal neuropsychomotor development at 6 months of age. The patient remains under oncologic follow-up with no evidence of disease for more than 24 months.
Conclusion Uterine transposition appears to promote fertility preservation and spontaneous pregnancy viability for whom require pelvic radiotherapy. The prevalence of cervical cancer in young women and delayed reproductive life highlight the importance of fertility-preserving techniques improvement. The LVLM in cervical cancer increases the staging and drives the radiotherapy treatment. In the absence of residual cervical neoplasia, the UT could be an option to fertility sparing. Better definition of many corner-stone steps are crucial to manage this strategy, and long-term follow-up is needed to evaluate the oncologic and reproductive outcomes associated with this procedure.