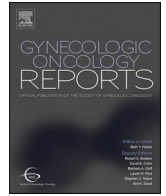




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Surgical film



Laparoscopic en-bloc pelvic resection for advanced ovarian cancer

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A B S T R A C T

Introduction: Ovarian cancer (OC) exhibits an aggressive behavior, wherein the therapeutic approach always involves both surgery and chemotherapy. Survival outcomes are still related to comprehensive surgical excision of all macroscopic lesions (Rauh-Hain et al., 2017), increasing gynecologic oncologists' efforts to achieve the highest possible complete resection rate (Tozzi et al., 2024). The peritoneum serves as both a dissemination pathway and a barrier that restricts tumor spread beyond its confines. This understanding has prompted the adoption of en-bloc resection strategy for the entire pelvis, involving the removal of pelvic organs along with the surrounding peritoneum. The en-bloc pelvic resection procedure allows for the removal of pelvic disease in all cases of advanced ovarian cancer (Tozzi et al., 2017).

Endeavors should be also directed towards minimizing surgical morbidity, by the adoption of minimally invasive surgery for debulking procedures (Tozzi et al., 2023).

Case: This video demonstrates a laparoscopic en-bloc pelvic resection with creation of an end-to-end transanal anastomosis. The surgical specimen extraction and the placement of the anvil were performed through the vaginal route.

A 75 year-old patient presented with FIGO stage IIIC OC with a 12 cm pelvic mass involving the whole pelvis. The patient was enrolled in the ULTRA-LAP trial and underwent laparoscopic primary debulking surgery with en-bloc pelvic resection. No protective ileostomy was performed and bowel opening occurred on the fifth postoperative day. The patient was discharged on the 11th postoperative day, thereafter completing a regimen of 6 cycles of carboplatin and paclitaxel chemotherapy.

Conclusions: The en-bloc resection of the pelvis is a standardized procedure that consists of ten reproducible steps.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary material

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.gore.2024.101393>.

References

- Rauh-Hain, J.A., Melamed, A., Wright, A., Gockley, A., Clemmer, J.T., Schorge, J.O., Del Carmen, M.G., Keating, N.L., 2017. Overall survival following neoadjuvant chemotherapy vs primary cytoreductive surgery in women with epithelial ovarian cancer: analysis of the national cancer database. *JAMA Oncol.* 3 (1), 76–82.
- Tozzi, R., Hardern, K., Gubbala, K., Garruto Campanile, R., Soleymani, M.H., 2017. En-bloc resection of the pelvis (EnBRP) in patients with stage IIIC-IV ovarian cancer: a 10 steps standardised technique. Surgical and survival outcomes of primary vs. interval surgery. *Gynecol. Oncol.* 144 (3), 564–570.
- Tozzi, R., Noventa, M., Saccardi, C., Spagnol, G., De Tommasi, O., Coldebella, D., Marchetti, M., 2023. Feasibility of laparoscopic Visceral-Peritoneal Debulking (L-VPD) in patients with stage III–IV ovarian cancer: the ULTRA-LAP trial pilot study. *J. Gynecol. Oncol.*
- Tozzi, R., Noventa, M., Spagnol, G., De Tommasi, O., Coldebella, D., Tamagnini, M., Bigardi, S., Saccardi, C., Marchetti, M., 2024 Feb. Peritonectomy and resection of mesentery during Visceral-Peritoneal Debulking (VPD) in patients with stage IIIC-IV ovarian cancer: a phase I-II trial. *Eur. J. Surg. Oncol.* 50 (2), 107957.

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