



## VC-104 - LAPAROSCOPIC PELVIC AND DIAPHRAGMATIC CYTOREDUCTIVE SURGERY AND HIPEC IN ADVANCED OVARIAN CANCER

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### Resumen

**Objectives:** The aim of this video is to demonstrate the feasibility of the minimally invasive approach in cytoreductive surgery and HIPEC for advanced ovarian cancer.

**Case report** A 74 year old woman, no further medical history but cesarean and menopause at 50 years old. Abdominal CT scan showed a complex cystic left adnexal lesion measuring 55 mm with a relapsing solid pole measuring 25 mm. Findings as nodularity in the mesentery and right flank suggest peritoneal carcinomatosis. CA 125: 93.3 U/mL, CA 19.9, CEA, protein HE-4 negative. An exploratory laparoscopy showed a peritoneal carcinomatosis with a peritoneal cancer index (PCI) of 11. Pathology report: infiltration by high-grade ovarian serous carcinoma, PAX-8 and WT-1 positive and positive progesterone receptors. No extra-abdominal disease was found. After discussion at MDT up-front surgery and HIPEC was decided. She was undergone laparoscopic right diaphragmatic peritonectomy, round hepatic ligament excision, complete omentectomy, appendicectomy, bilateral parietocolic and pelvic peritonectomy + total hysterectomy + double salpingo-oophorectomy + rectosigmoidectomy with colorrectal anastomosis (CC0 complete cytoreduction) associated to HIPEC with Cisplatin during 90 minutes at 42 ° C. Results: patient did not suffer major complications. Adynamic ileus happened in the 6<sup>th</sup> postoperative day prolonging the length of stay up to 8<sup>th</sup> day. Definitive pathology report was: high-grade serous carcinoma of left ovary, stage IIIC FIGO. P53: mutated, BRIP1: pathogenic mutation, BRCA1/2: negative. Patient began systemic chemotherapy at 4<sup>th</sup> week with a good performance status with Cisplatin + Carboplatin and Niraparib. Twelve months later patient is free of disease.

**Discussion:** Laparoscopic cytoreduction and HIPEC for advanced ovarian cancer is feasible, having favorable perioperative results without impairment in oncological outcomes allowing an early recovery.