Objective: Para-aortic indocyanine-green (ICG)-guided targeted compartmental lymphadenectomy is feasible in early ovarian cancer [1]; systematic pelvic and para-aortic lymphadenectomy could potentially be avoided if thoroughly investigated sentinel nodes could predict whether residual nodes will be involved or free of disease. In contrast to advanced ovarian cancer, where the therapeutic potential of lymphadenectomy will soon be clarified by the results of the Arbeitsgemeinschaft Gynäkologische Onkologie lymphadenectomy in ovarian neoplasms (AGO LION) trial, systematic lymphadenectomy seems to be mandatory for diagnostic and also therapeutic purposes in early ovarian cancer [2-4]. Sentinel node biopsy or resection of the regional lymphatic network may reduce morbidity compared to systematic lymphadenectomy as shown already for other entities [5-7]. Apart from the ovarian mesonephric pathway [1], a second Müllerian uterine pathway exists for lymphatic drainage of the ovary [8]. Lymphatic valves apparently do not exist at this level of the utero-ovarian network since injection of radioactivity into the ovarian ligaments also labelled pelvic nodes [9].

Methods: We applied ICG using 4×0.5 mL of a 1.66 mg/mL ICG solution for transcervical injection into the fundal and midcorporal myometrium at each side [10] instead of injection into the infundibulopelvic ligament, since the utero-ovarian drainage was intact.

Results: In this case a 1.8 cm cancer of the right ovary was removed in continuity with its draining lymphatic vessels and at least the first 2 sentinel nodes in each channel “en bloc” as shown in this video for the pelvic part, consistent with the loco-regional ontogenetic approach [11,12].

Conclusion: This could potentially avoid most of systematic lymphadenectomies in early ovarian cancer.

Keywords: Lymph Node Excision; Indocyanine Green; Ovarian Neoplasms
Conflict of Interest
No potential conflict of interest relevant to this article was reported.

Author Contributions

VIDEO CLIP

Early ovarian cancer surgery with indocyanine-green-guided targeted compartmental lymphadenectomy.

Video can be found with this article online at https://ejgo.org/src/sm/jgo-28-e68-s001.mp4.

REFERENCES


