Complete tumor resection and demonstration of detailed anatomy of the porta hepatis in a patient with recurrent epithelial ovarian cancer

Cagatay Taskiran ,[1] Dogan Vatansever ,[1] Selim Misirlioglu,[1] Burak Giray ,[2] Tuncer Kumcular,[3] Macit Arvas,[4] Mert Erkan[5]

[1]Obstetrics and Gynecology, Division of Gynecologic Oncology, Koc University, Istanbul, Turkey
[2]Gynecologic Oncology, Zeynep Kamil Women and Child Training and Research Hospital, Istanbul, Turkey
[3]Obstetrics and Gynecology, American Hospital, Istanbul, Turkey
[4]Obstetrics and Gynecology, Division of Gynecologic Oncology, Istanbul University Cerrahpasa Faculty of Medicine, Istanbul, Turkey
[5]General Surgery, Koc University, Istanbul, Turkey

Correspondence to
Dr Cagatay Taskiran, Obstetrics and Gynecology; Division of Gynecologic Oncology, Koc University, Istanbul, Turkey; cagataytaskiran@yahoo.com

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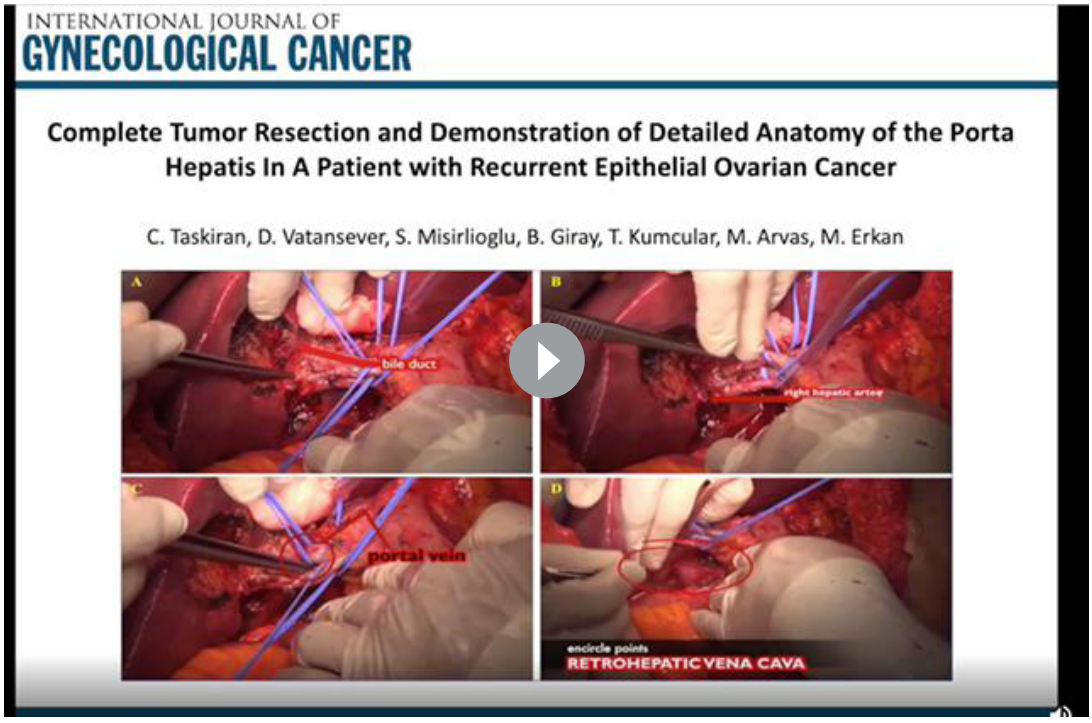
Ovarian cancer is the leading cause of death among gynecological malignancies. Even if a complete cytoreduction can be achieved at the time of primary surgery, approximately 60%–70% of the patients diagnosed at advanced stage disease develop recurrence.[1] Secondary cytoreductive surgery is associated with improved overall survival in patients with recurrent ovarian cancer.[2] The aim of this video 1 is to present a complete tumor resection from porta hepatis in a patient with recurrent epithelial ovarian cancer.

A 50 year-old woman referred to our clinic with a diagnosis of recurrent epithelial ovarian cancer. She had undergone a primary maximal debulking surgery 2 years ago. Total colectomy, ileostomy, liver metastasectomy, cholecystectomy, splenectomy, peritonectomy, lymphadenectomy, unilateral diaphragmatic stripping, and bilateral ureteroneocystostomy were performed as a part of maximal secondary cytoreduction.

She stayed at the intensive care unit for 2 days. She underwent a revision surgery due to wound complications and has been discharged from the hospital on post-operative day 25.

No visible disease can be achieved even in a patient with extremely disseminated disease during secondary cytoreductive surgery. Tumor resection from porta hepatis may be necessary at cytoreductive surgery and it could be achieved without any severe complication by the help of comprehensive anatomical knowledge and dissection technique.

Contributors Cagatay Taskiran is the primary surgeon and supervisor. He supervised the concept and design of this surgical film as well as the manuscript. Dogan Vatansever was primarily responsible for the concept and design of this surgical film and the manuscript under the supervision of Cagatay Taskiran.



Video 1 Complete resection of tumor at the porta hepatis.

He contributed to the operation as an assistant surgeon. Selim Misirlioglu was primarily responsible for filming and editing this video. He contributed to the operation as an assistant surgeon. Burak Giray was primarily responsible for filming and editing this video. Tuncer Kumcular was an assistant in the filming and editing process of this video. He contributed to the operation as an assistant surgeon. Macit Arvas also supervised the concept and design of this surgical film. He contributed to the operation as an assistant surgeon. Mert Erkan contributed to the operation as a general surgeon.

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ORCID iDs
Cagatay Taskiran http://orcid.org/0000-0002-0936-552X
Dogan Vatansever http://orcid.org/0000-0002-7831-7070
Burak Giray http://orcid.org/0000-0002-3832-6634

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2 Fanfani F, Fagotti A, Ercoli A, *et al*. Is there a role for tertiary (TCR) and quaternary (QCR) cytoreduction in recurrent ovarian cancer? *Anticancer Res* 2015;35:6951–5.