Sentinel Lymph Node Mapping in Endometrial Cancer after Supracervical Hysterectomy

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ABSTRACT

Background. Occult endometrial cancer after supracervical hysterectomy is uncommon. Even if optimal management of those rare cases is still unproven, to guide the need for adjuvant treatment, restaging should be recommended in this situation.

Methods. The study was approved by institutional review board (DIPUSVSP-27-07-20107). We report the case of a 52-year-old woman with occult grade 2 endometrioid endometrial adenocarcinoma (pT1a) with negative surgical margin and smooth uterine muscle of uncertain malignant potential after supracervical hysterectomy and bilateral salpingo-oophorectomy performed for pelvic pain and uterine fibroids in a local hospital. Preoperative CT scan of chest-abdomen-pelvis did not show any lymphadenopathy or distant metastasis. Pelvic US scan revealed a normal cervical stump and a hypoechoic 18-mm right parametrial nodule. We describe the feasibility of laparoscopic sentinel lymph node identification with cervical stump injection of indocyanine green.

Results. The patient underwent laparoscopic radical trachelectomy, left pelvic sentinel lymph node biopsy, right pelvic lymphadenectomy, peritoneal washing. Patient did not report any intraoperative or postoperative complication. At final histology cervix, SLN (ultrastaging) and pelvic lymph nodes were negative, while parametrial nodule was reported as metastasis from endometrial adenocarcinoma.

Surgical margins were clear. Patient was staged as FIGO IIIB and underwent adjuvant chemo-radiation. She is now alive and disease-free, 12 months after the surgery.

Conclusions. This video (Video 1) underlines the fact that SLN mapping with cervical injection is a feasible and safe technique also without the uterine corpus after supracervical hysterectomy. The unilateral mapping could be due to the presence of metastatic parametrium on the right side.

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