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Commentary

Sentinel Node Performance by Laparotomy in A Large Myomatous Uterus With Early-Stage Endometrial Cancer: Lessons to be Learned

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Sentinel node represents a necessary surgical staging procedure both in cases with intermediate and low-risk endometrial cancer patients. The main approach of performance is laparoscopic. However, even in cases of large myomatous uterus with already diagnosed endometrial cancer where laparoscopical resection is not feasible, it is still possible to perform the method with open surgical technique. Surgery follows exactly the same sequence of surgical acts, which are the vaginal enclosement of cervical canal, the injection of ICG in 3rd and 9th hour of cervix, while after the incision and entrance to abdominal cavity, the same surgical sequence is performed as described by Adu-Rustum *et al.* We hereby present the clinical image of a large uterus with previously diagnosed intermediate-risk endometrial cancer, in which open detection of sentinel node was achieved with the usage of a laparoscopic camera handled by the assistant (Figure 1). Detection of sentinel node permitted the avoidance of unnecessary complimentary treatment, as sentinel node was successfully detected, it was bilaterally negative and the patient was finally set into simple surveillance due to fully achieved surgical staging.

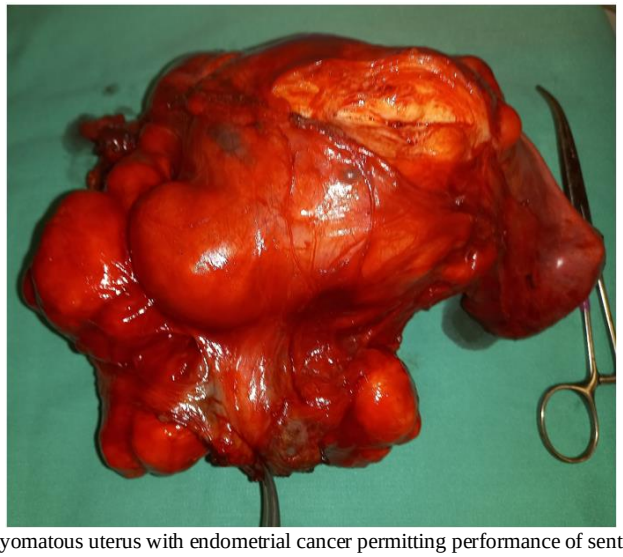

FIGURE 1: Large myomatous uterus with endometrial cancer permitting performance of sentinel node technique.

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Consent

Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy.

Conflicts of Interest

None.