P3-IS-70  Uterine artery-preserving laparoscopic radical trachelectomy using bulldog clamp

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Background: Laparoscopic radical trachelectomy is an operative method for preserving fertility in the treatment of early stage cervical cancer. Like laparoscopic radical hysterectomy, uterine arteries are usually cut. In this way, blood flow into the uterus may be diminished, which may affect to the fertility. On the other hand, when uterine arteries are preserved, the amount of blood loss may be increased during operation. Therefore, new technique is required to solve these problems.

Methods: We performed three cases of laparoscopic modified radical trachelectomy (type II) with pelvic and paraaortic lymphadenectomy between February 2007 and July 2007. Their age was 28, 32 and 44, respectively. They were not married and they had no child. In the first case, uterine arteries were not preserved. In the other two cases, uterine arteries were preserved and especially we clamped uterine arteries intermittently with laparoscopic bulldog clamps (Aesculap, Germany) in the third case. In that case, we clamped uterine arteries for 30 minutes and released for 10 minutes, repeatedly.

Results: All patients were stage Ia1. Histologic types were invasive squamous cell carcinoma in all three cases and there was no metastasis in the pelvic and paraaortic lymph nodes. There was no difference in operative time and hospital stay after surgery among three patients. The amount of blood loss was 700cc when uterine arteries were not preserved. It was 2000cc when uterine arteries were preserved but laparoscopic bulldog clamps were not applied, and it was 800cc when uterine arteries were preserved and laparoscopic bulldog clamps were applied. Two units of packed red blood cell were transfused to the patients whose uterine arteries were preserved. All the patients were discharged with no postoperative complication and restored their regular menstrual periods. Wound healing between uterus and vagina was good in all patients. They had no adjuvant treatment and now they have regular check in outpatient.

Conclusion: Intermittent clamping of uterine arteries using laparoscopic bulldog clamps is useful for reducing the amount of blood loss during laparoscopic radical trachelectomy.

P3-IS-71  Laparoscopic treatment of a large omental cyst: a case report

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Mesenteric cysts are uncommon, and they are histopathologically classified as pseudocyst, mesothelial cyst, lymphangioma and omental cyst. We report a case of a 27-year-old female with a huge cystic mass arising from greater omentum.

Patient complained the symptoms of abdominal distention due to massive ascites and intermittent pelvic discomfort. The diagnostic examinations including ultrasonography and computed tomography were performed and identified a huge, intraabdominal cyst. Laparoscopic resection of cyst was done with no clinical and symptomatic evidence of adverse event till 12 months.

The diagnostic role of sonography and CT in ascites with unknown etiology is emphasized. Minimal invasive surgery showed comparable result to open exploration.

P3-IS-72  Laparoscopic management of ectopic gestation - A senerio in the developing country

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Ectopic pregnancy is a common gynecological condition that causes significant morbidity and mortality in the women of reproductive age. Diagnosis of ectopic gestation is usually delayed in developing countries and most patients comes in the ruptured state. Bleeding ectopic leads to shock and poor general condition. Retrospective study of ectopic gestation patients between sept. 05 to sept. 07 was performed to evaluate the out come of laparoscopic surgery. Total 18 patients of ectopic gestations were managed with laparoscopic surgery. Laparoscopy reveald unruptured tubal gestation in 2 patients. Different procedures like electrocoagulation, Mtx. Injection, milking of the ectopic, salpingotomy and salpingectomy were performed according to the status of the ectopic and need for further pregnancy. Postoperative period was uneventful. Laparoscopic management is a good option in patient of even ruptured ectopic gestation.