

SURGICAL PLANIFICATION OF 3D RECONSTRUCTION WITH ROBOTIC PARTIAL CYSTECTOMY AND COLPECTOMY FOR CERVICAL CANCER RECURRENCE

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Introduction/Background Surgery is the only curative treatment in case of localized recurrence of cervical cancer in patients who had been treated with previous radiotherapy. Pelvic exenteration is the standard surgery; however, preservation of bladder or rectum is possible in some cases.

Methodology A 44-years-old patient was suspected for cervical cancer recurrence after 4 years of primary treatment with chemo-radiotherapy. MRI and PET/CT observed a lesion of 18x14mm in contact with vagina and bladder. 3D reconstruction was performed for surgical planification and tumor of 24x37mm was observed in the right fornix of vagina with clear margin from rectum but in contact with right ureter and bladder. According to 3D reconstruction, a conservative treatment of bladder and vagina was planned. Patient underwent partial cystectomy with ureteral re-implantation and right hemicolpectomy by robotics.

Results The patient was discharged after 48h from surgery. After 30 days from surgery, no complications were recorded. Pathological results confirmed cervical adenocarcinoma with free margins.

Conclusion Optimal surgery planification is mandatory for challenging surgeries as pelvic recurrence by cervical cancer. 3D reconstruction, even augmented reality, are excellent tools for guiding surgery and for considering conservative treatments when is not compromise oncological radicality.