

Laparoscopic Bilateral Retroperitoneal Lymph Node Dissection

Sara Anacleto¹, Catarina Tinoco¹, Andreia Cardoso¹, Ricardo Rodrigues¹, Sofia Araújo¹, Ricardo Leão¹, Miguel Mendes¹, Mário Alves¹, Emanuel Carvalho-Dias¹.

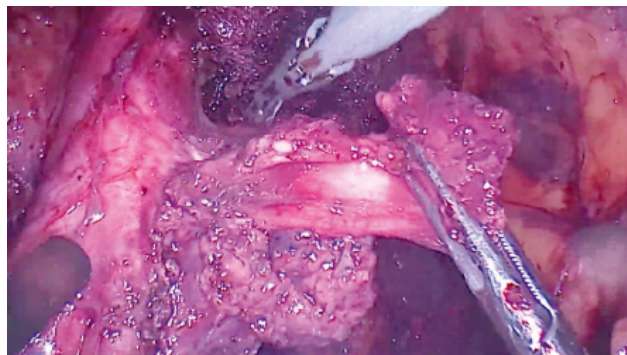
Retroperitoneal lymph node dissection is a complex surgery indicated in some cases of testicular cancer, namely in patients with non-seminomatous germ cell tumours who have residual retroperitoneal masses after chemotherapy. The laparoscopic technique, initially described in 1992, is particularly challenging. However, it offers advantages compared to the open approach, since it is less invasive and is associated with reduced overall complication rates and shorter length of hospital stay with equal cancer control results.

In this video, we report a case of a laparoscopic bilateral retroperitoneal lymph node dissection performed in a 21-year-old male with residual retroperitoneal masses after chemotherapy for mixed germ cell tumour. The patient was placed in supine position with moderate Trendelenburg and a urethral catheter and a nasogastric tube were placed. The first infra-umbilical 11 mm port was introduced under direct visualization. Thereafter, two 5 mm ports were placed in each side of the abdomen.

Firstly, the cecum was identified and the right colon, small intestine and duodenum were mobilized. Sutures were used to tack the incised peritoneal edge of the intestine to the abdominal wall. The retroperitoneum was then exposed and the lymph node dissection initiated. The bilateral lymph node dissection template was bordered by the ureters laterally, the renal vessels superiorly and the common iliac arteries inferiorly. Initially, the paracaval space was dissected, followed by the paraaortic and interaortocaval spaces. The left colon was also mobilized. After that, the lymph nodes were removed in the same sequence, with ligation of the left gonadal vein with hem-o-lok.

Patient was discharged on postoperative day 14. Histology report showed 31 lymph nodes without metastases and with alterations compatible with previous chemotherapy. Laparoscopy is an effective approach for retroperitoneal lymph node dissection, with similar oncological outcomes and inferior patient burden compared to the open approach.

Keywords: Laparoscopy; Lymph Node Excision; Lymph Nodes; Testicular Neoplasms/surgery.



Aceda ao vídeo: <https://drive.google.com/file/d/1ZSDrERMv9GETcaxUJWPUYk0A5lrO3okC/view>

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Corresponding Author

Sara Anacleto

ULS Braga Sete Fontes, São Victor, 4710-243 Braga

E-mail: sara.anacleto241@gmail.com

ORCID: <https://orcid.org/0000-0002-6776-1950>

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1 - Unidade Local de Saúde Braga, Portugal

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