

Video Article

Laparoscopic removal of the cervical stump for a cervical solid mass in a patient with supracervical hysterectomy before

Sezgin et al. Laparoscopic removal of the cervical stump for cervical mass

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Abstract

The aim of this video article is to demonstrate a surgical tutorial in which a cervical mass was resected with laparoscopic removal of the cervical stump after supracervical hysterectomy. First, we dissected dense adhesions due to previous operation. Then the dissection was continued carefully in order to identify bilateral ureters and iliac arteries. We realized nearly a 4 cm cervical mass at the posterosuperior aspect. We separated the mass from surrounding tissue and performed removal of the cervical stump. This is an exciting case showing that minimally invasive procedures like laparoscopic removal of the cervical stump after supracervical hysterectomy can be used in the management of benign cervical tumor. The main step in this operation is to check the relationship of tumor with adjacent structures like ureter, bowel and vascular structures at every step to prevent unwanted injuries.

Keywords: Cervical mass; laparoscopy; cervical stump

Introduction

Laparoscopic removal of the cervical stump was first reported by Ceana Nezhat (1). It can be considered a definitive therapy for patients with recurrent symptoms after supracervical hysterectomy (SCH) (2). There are some significant risk factors like younger age, pelvic pain and endometriosis for removal of the cervical stump in patients who undergone SCH previously (3). It can be performed by vaginally, abdominally or laparoscopically w/o robotic assistance. If it will be performed by laparoscopically advanced experience on laparoscopy is crucial (1). Here, we present a surgical tutorial in which a cervical mass was resected with laparoscopic removal of the cervical stump (VID 1).

A 50-year-old G2P1 woman was referred to our hospital with the complaint of pelvic pain for 3 months. She had a history of supracervical hysterectomy for abnormal uterine bleeding due myoma uteri 10 years ago. Bimanual pelvic examination revealed tenderness and vaginal speculum examination was normal. We realized nearly 4x4 cm solid mass at the cervical stump in transvaginal ultrasound. Laboratory tests for tumor biomarkers were negative while

Magnetic resonance imaging revealed a 4 cm in diameter solid mass localized at the cervical region. The patient underwent gastroscopy and colonoscopy because of malignancy suspicion and we did not detect any abnormality. Endocervical biopsy and Pap smear results revealed no abnormality. After informing the patient, consent form related to the disclosure of images and videos of the procedure has been obtained. After the patient preparation, we inserted a uterine manipulator with a colpotomizer vaginally. A 10 mm umbilical port and three 5-mm abdominal ports were placed and the pelvis was explored. We saw extremely dense adhesions between bowel, omentum and anterior abdominal wall. First, we dissected the dense adhesions due to previous operation. Then the dissection was continued carefully in order to identify bilateral ureters and iliac arteries (Figure 1). We realized nearly a 4 cm cervical mass at the posterosuperior aspect (Figure 2). We separated the mass from surrounding tissue and performed laparoscopic removal of the cervical stump. After this procedure, we controlled the bladder for any injury with methilen blue. The operation time was 185 minutes. We had no any complications. The postoperative course was uneventful and she was discharged on 3rd postoperative day. Pathologic examination confirmed a 4 cm leiyomyoma with benign histology. This is an exciting case showing that minimally invasive procedures like laparoscopic removal of the cervical stump after supracervical hysterectomy can be used in the management of benign cervical tumor. The main step in this operation is to check the relationship of tumor with adjacent structures like ureter, bowel and vascular structures at every step to prevent unwanted injuries.

Conflict of Interest: None

Financial Disclosure: None declared

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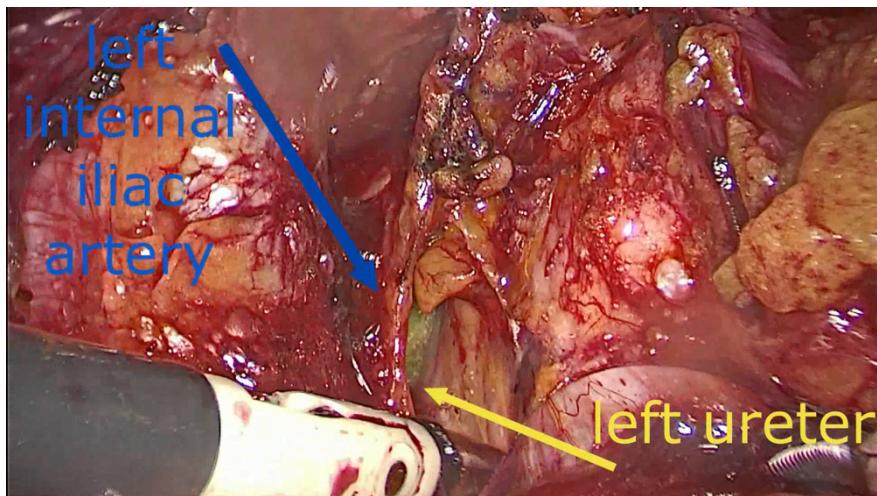


Figure 1. Appearance of left ureter and left internal iliac artery

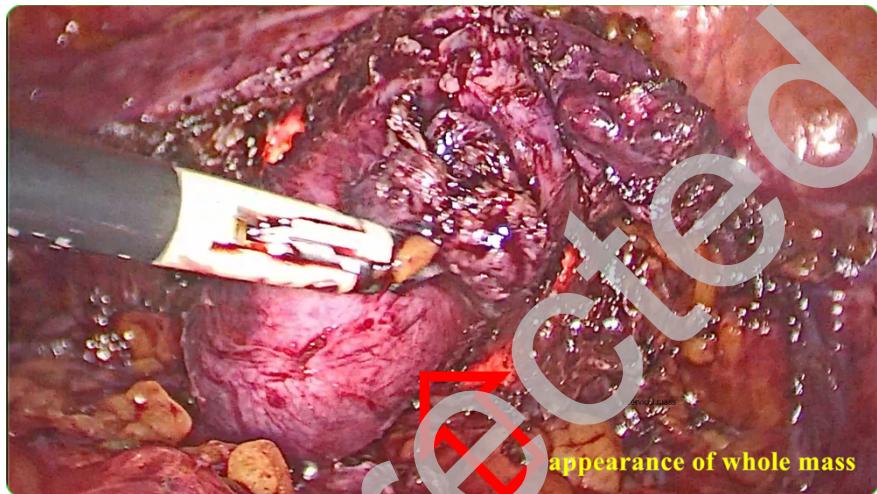


Figure 2. Appearance of whole mass