

LAPAROSCOPIC PELVIC LYMPHADENECTOMY IN HIGH-RISK ENDOMETRIAL CANCER: CASE REPORT

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WORLD CONGRESS OF
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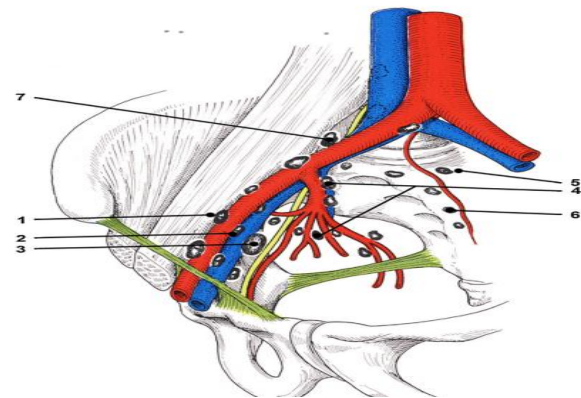
VERSAILLES - FRANCE
PALAIS DES CONGRÈS



WORKING TO ELIMINATE
LOWER GENITAL TRACT CANCERS

INTRODUCTION - DEFINITION - OBJECTIVE

- Pelvic lymph nodes:
 - External iliac
 - Internal iliac
 - Common iliac
- Function: immune defense & cancer spread pathway
- Indication: staging of gynecologic cancers



Iliopelvic lymph nodes

- 1: External iliac lymph nodes (lateral chain)
- 2: External iliac lymph nodes (intermediate chain)
- 3: External iliac lymph nodes (medial chain)
- 4: Internal iliac lymph nodes
- 5: Promontory lymph nodes
- 6: Sacral lymph node
- 7: Common iliac lymph node



CASE REPORT

- **52- year- old postmenopausal woman**
- **Symptom:** postmenopausal bleeding
- **Imaging:**
 - Ultrasound: uterine mass
 - MRI: intrauterine polyposis
- **Surgery:**
 - Hysterectomy + bilateral salpingo-oophorectomy
- **Histology:**
 - Endometrial adenocarcinoma
 - 70% myometrial invasion



Figure 1: lymphadenectomy

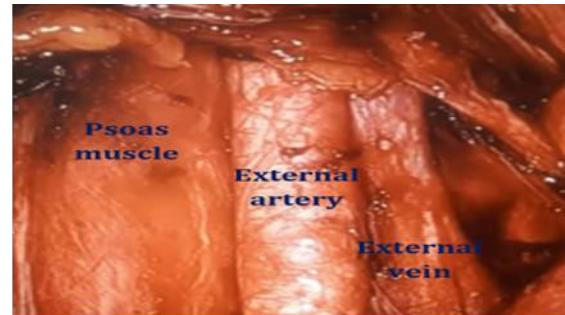


Figure 2: view after excision

DISCUSSION

➤ **Indication: high- risk disease**

➤ **Technique:**

- Bilateral dissection
- remove a block of lymph nodes

[located medial to the external iliac vein, anterior to the obturator nerve, and lateral to the umbilical artery]

➤ **Anatomical landmarks:**

- External iliac vein
- Obturator nerve
- Umbilical artery

➤ **Benefits:**

- Minimally invasive
- Accurate staging



CONCLUSION

- **Recommended for most endometrial cancer stages**
- **Exception: low-risk stage IA**
- **Risks:**
 - Vascular injury
 - Nerve damage
 - Lymphocele
 - Infection
- **Requires surgical expertise**

THANK YOU FOR YOUR ATTENTION

