

Single-site robot-assisted laparoscopic cystectomy for a huge, presumed borderline ovarian malignancy in a morbidly obese woman

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The aim of this video article is to describe the robotic single-site paratubal cystectomy technique for a huge paraovarian borderline malignancy with no spillage of cystic contents in a morbidly obese woman. Video presentation of the procedure.

A 23-year-old virgin woman with a body mass index of 42.87 kg/m² was referred for a 27×21-cm left adnexal tumor, suggesting borderline ovarian malignancy. Her serum cancer antigen (CA)-125 level was 64.2 U/mL and risk of ovarian malignancy algorithm was 3.3% (low risk). There was no evidence of metastatic tumor or lymph node enlargement on magnetic resonance imaging or positron emission tomography/computed tomography. Decreased ovarian reserve was suspected, considering the low serum level of anti-mullerian hormone (1.24 ng/mL), and we decided to perform cystectomy for preserving ovarian function.

Under general anesthesia, a 2.7-cm vertical intraumbilical incision was made, and a glove single-port device was inserted. No seeding tumors or adhesions were observed in the abdominal cavity. Peritoneal washing was negative for

malignant cells. We performed robotic single-site right paraovarian cystectomy. After completing the cystectomy, we sutured the defect with 2-0 polydioxanone suture using a continuous running technique with a wristed needle driver. A specimen was removed from the pelvic cavity without spilling the contents in the operative field. The total operative time was 105 minutes and the console time was 50 minutes. The estimated blood loss was 30 mL, and the hospital stay was 3.5 days without any complications. Histopathologic evaluation revealed a serous borderline tumor in the background of a cystadenofibroma of the fallopian tube without external surface involvement or stromal microinvasion. The patient was tumor-free until the follow-up at 2 years post-operation, and her CA-125 level was normal (22.8 U/mL).

We successfully performed a Single-Site robot-assisted laparoscopic cystectomy for a huge adnexal mass presumed to be a clinically borderline ovarian malignancy in a morbidly obese woman without any complications.

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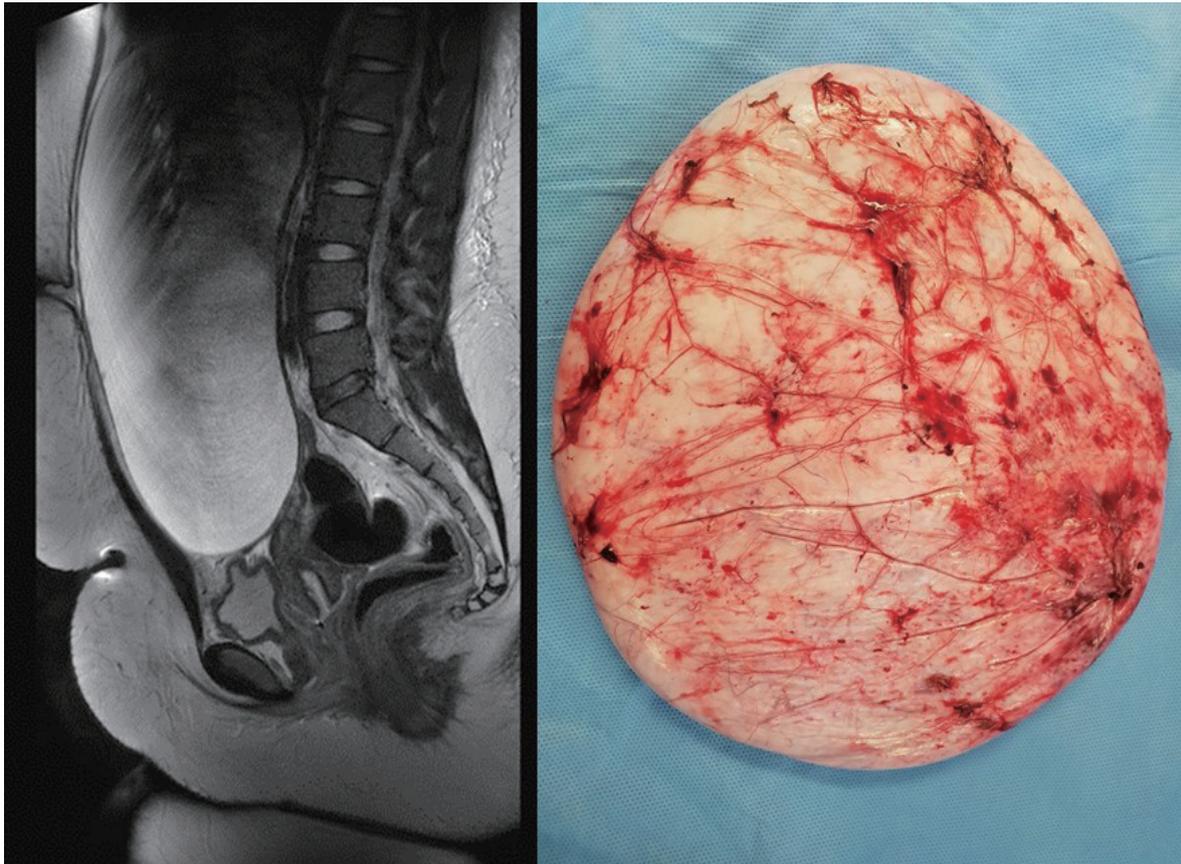
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Video related to this article

The video related to this article can be found online at [10.36637/grs.2021.00073](https://doi.org/10.36637/grs.2021.00073).

Conflict of interest

No potential conflict of interest relevant to this article was reported.



Video 1.