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Sentinel lymph node mapping with indocyanine green injection in our practice

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Objective: Sentinel lymph node (SLN) mapping with indocyanine green injection has recently been introduced into the surgical staging of endometrial cancer with the goal to reduce morbidity associated with comprehensive lymphadenectomy. The aim of this study was to measure the predictive value of sentinel-lymph-node mapping in small cohorts of patients.

Methods: In this prospective study we analyzed the results of surgery treatment of 8 patients with the first clinical stage of endometrial cancer (T1a Nx Mx). Morphological examination was a highly differentiated endometrial adenocarcinoma G1 in all cases. We carried out an injection of the indocyanine green into the cervix uteri, mapping of the SLN with an infrared video endoscopic device, selective lymphadenectomy of the SLN (with a note about the accumulation of contrast), total laparoscopic hysterectomy

and total pelvic lymphadenectomy (reference standard) all patients.

Results: In all 8 cases the SLN was intraoperative successfully mapped. In 5 cases we found Positive sentinel lymph nodes out of which in 3 cases; metastases were not detected. After the examination of all nodes removed after total lymphadenectomy in 5 women with positive SLN, metastases were also detected in other lymph nodes. In other group (3 patients with negative SLN) metastases were also not found.

Conclusions: This method application makes easier and more accurate to find regional nodes. The use of cervical injection techniques with indocyanine green can be favored. Sentinel lymph mapping may be considered an alternative standard of care in the staging of women with endometrial cancer.

Biography

Koltinova TG has accomplished her degree from Pirogov Russian National Research Medical University, Moscow, Russia. She is the resident of Department of Obstetrics and Gynecology, Pirogov Russian National Research Medical University, Moscow, Russia. She has published more than 5 papers in reputed journals.

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