Extra Peritoneal Para Aortic Lymphadenectomy in a Horseshoe Kidney

Mikel Gorostidi Pulgar*, Olaia Aristegui, Ane Bombin, Maialen Olazabal, Arantxa Lekuona and Irene Diez

Department of Obstetrics and Gynecology, Hospital Universitario Donostia, San Sebastián, Spain

Clinical Image

A woman with IB endometrial cancer and horseshoe kidney was admitted for surgery in our department. Pre operative work up was planned with an MRI to detect miometrial invasion and to caracterize renal anomaly. A laparoscopic extra peritoneal Para-aortic lymphadenectomy was performed at the beginning of the staging procedure. The procedure was completed with a bilateral pelvic lymphadenectomy and BSO-TLH (bilateral salpingo oophorectomy-total laparoscopic hysterectomy).

Ananomalous vascular pattern of this renal fusion anomaly requires careful prior evaluation [1]. There are several anatomical variations and abnormalities in blood supply that can be a challenging situation [2]. Extra peritoneal approach has the advantage of avoiding dealing with this dangerous dissection.

Extra peritoneal approach required lifting the left part of the kidney allowing entering below it and performing a Para-aortic and caval lymph node dissection.

Upper limit of Para-aortic lymphadeneo to my was considered at the point where a major vessel, 5 cm above the IMA, is visualized coming from the left side of the horseshoe kidney. The

![Figure 1: Abnormal vein of renal drainageto vena cava above aortic bifurcation location.](image1)

![Figure 2: Left aortic side and horseshoe kidney at the roof of the dissection.](image2)
ureter and left gonadal vein was not identified. This upper limit is reasonable, avoiding the risk of kidney damage and injuries to the superior mesenteric artery.

Transperitoneal approach requires dealing with all the renal tissue bellowing frame senteric aorta and cava. Extra peritoneal paraaortic lymphadenectomy my is feasible in this cases, allowing to remove all the nodes in this area, and avoids the inconvenience of the transperitoneal approach, having the who kidney in them idle of the surgical field.

A total Para-aortic retroperitoneal dissection is feasible with this extra peritoneal approach without the inconvenience of renal tissue in the middle of the surgical field, lifting it up and pushing it away of the surgical field.

References