# A Case Report: Large Retroperitoneal Lymphocoele post Radical Hysterectomy and Pelvic Lymphadenectomy

White. E – Sunshine Coast University Hospital

## Background

Radical hysterectomy with pelvic lymphadenectomy remains the recommended treatment for patients with Stages IA and 1B carcinoma of the cervix. Complications of the operation includes, wound infection, ureteral or bladder injury, lymphocoeles and pulmonary embolism. Lymphocoele formation occurs in up to 5-15% of cases from the disruption of the efferent pelvic lymphatic system[1,2].

## Aims

The aim of this case is to highlight retroperitoneal lymphocele as a postoperative complication of a radical hysterectomy and pelvic lymphadenopathy.

## Case

A 55 year-old female presented to ED with severe left flank pain four weeks post midline laparotomy Type B radical hysterectomy, bilateral salpingo-oophorectomy and pelvic lymphadenectomy for Stage IB2 p16 positive squamous cell carcinoma of the cervix. Histopathology found a 30mm cervical SCC with 10mm depth of invasion and lymphovascular invasion present.

Background: CST HPV 16+ve, pLSIL following initial investigation for post-menopausal bleeding and unintentional weight loss of 9kg in 3 months. LLETZ showed invasive squamous cell carcinoma endocervical and radial margins involved. BMI 27, Para 5 (2x SVD, 3x CS). Nil significant medical history. Surgical history revealed previous HD&C and LLETZ procedure in 2017 for CIN3, laparoscopic cholecystectomy. She is a smoker 10-20 cigarettes/day.

CT IVP scan revealed a bilobed cystic left retroperitoneal homogenous cystic focus measuring 8 x 6.3 x 15cm and 3.6 x2 x4.9cm. She received interventional radiology guided aspiration and percutaneous drain placement. The lymphocoele continued to drain for several weeks. The patient underwent twice weekly blood tests and drain sightings. She received radiotherapy as planned and commenced her chemotherapy once the drain had been removed.

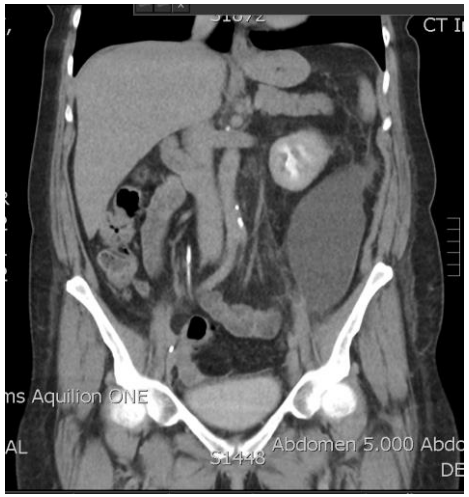


Figure 1. Coronal view large left lymphocoele

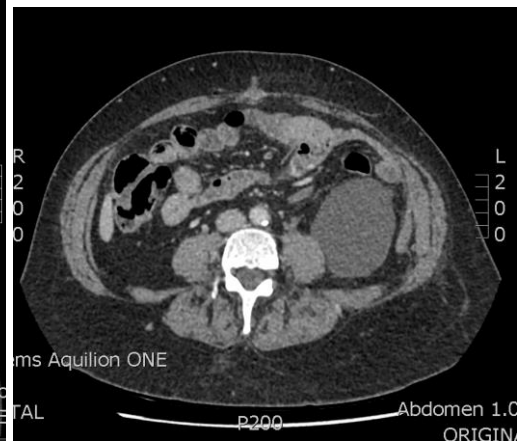


Figure 2. Sagittal view large left lymphocoele

## Discussion

Identifying a lymphocoele early is important to ensure patients receive the appropriate management and reduce the risk of further complications. The management involves IR guided percutaneous drainage or surgical resection via laparoscopic technique[2]. The resolution via drainage may take several weeks and, in this case, the post operative complication delayed adjuvant chemotherapy commencement by several weeks.

References
1. Ware, R.A. and van Nagell, J.R. (2010) Radical hysterectomy with pelvic lymphadenectomy: Indications, technique, and complications, Obstetrics and gynecology international. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2939408/
2. MS Gynaecologische Oncologie et al. (2023) Lymphocele following lymph node dissection in cervical and endometrial cancer: A systematic review and meta-analysis. Academic Press Inc.