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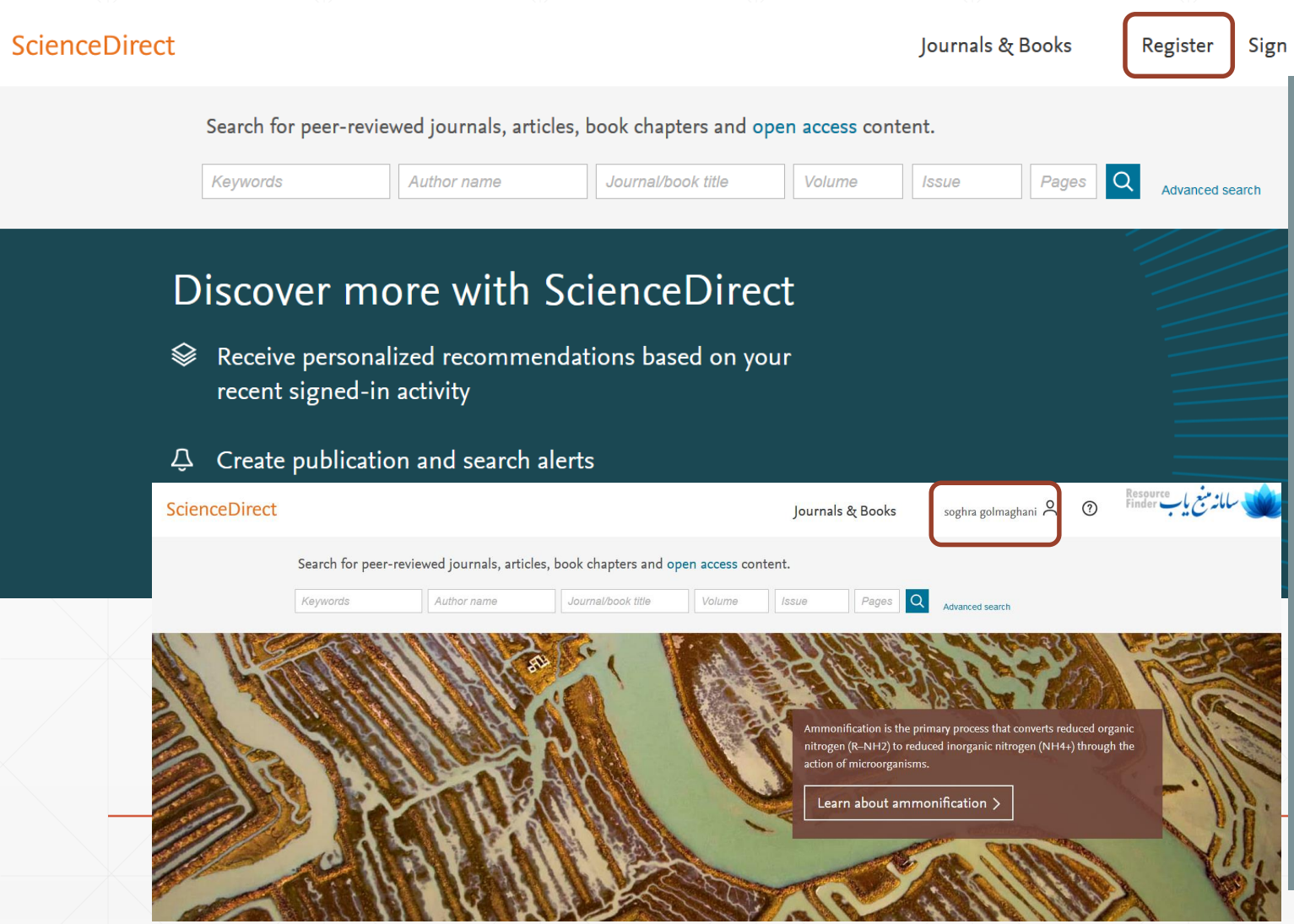


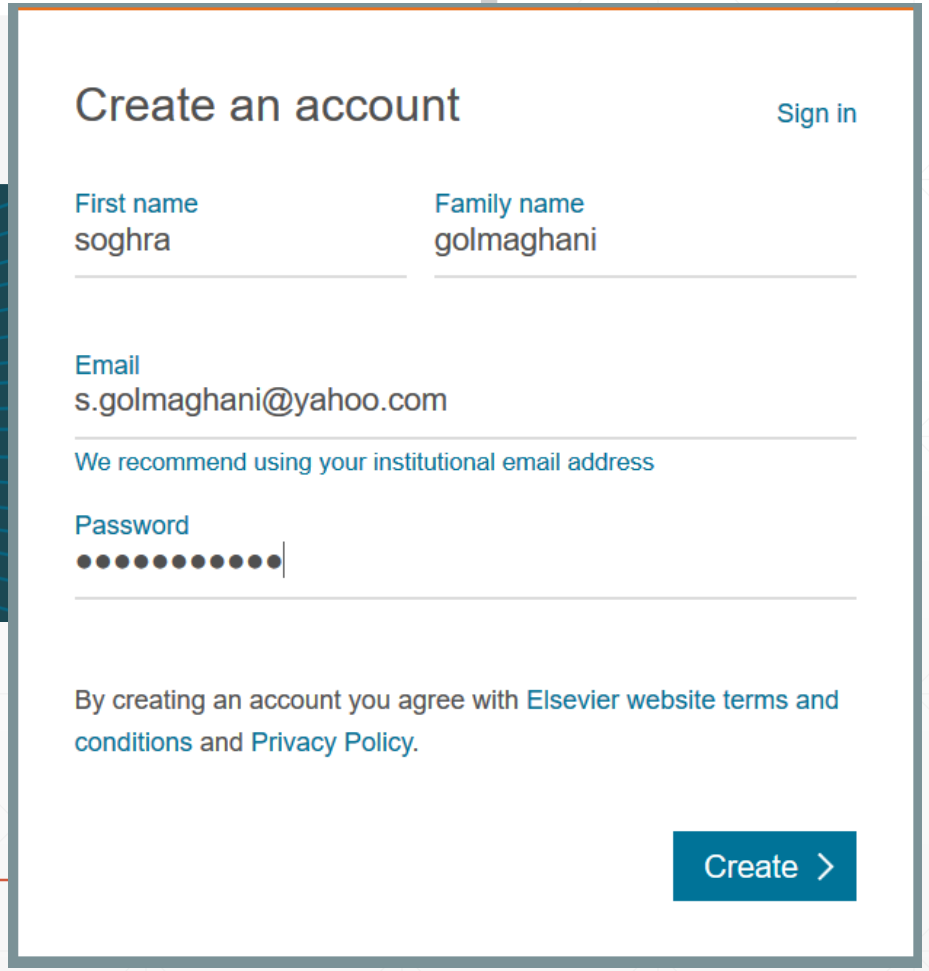

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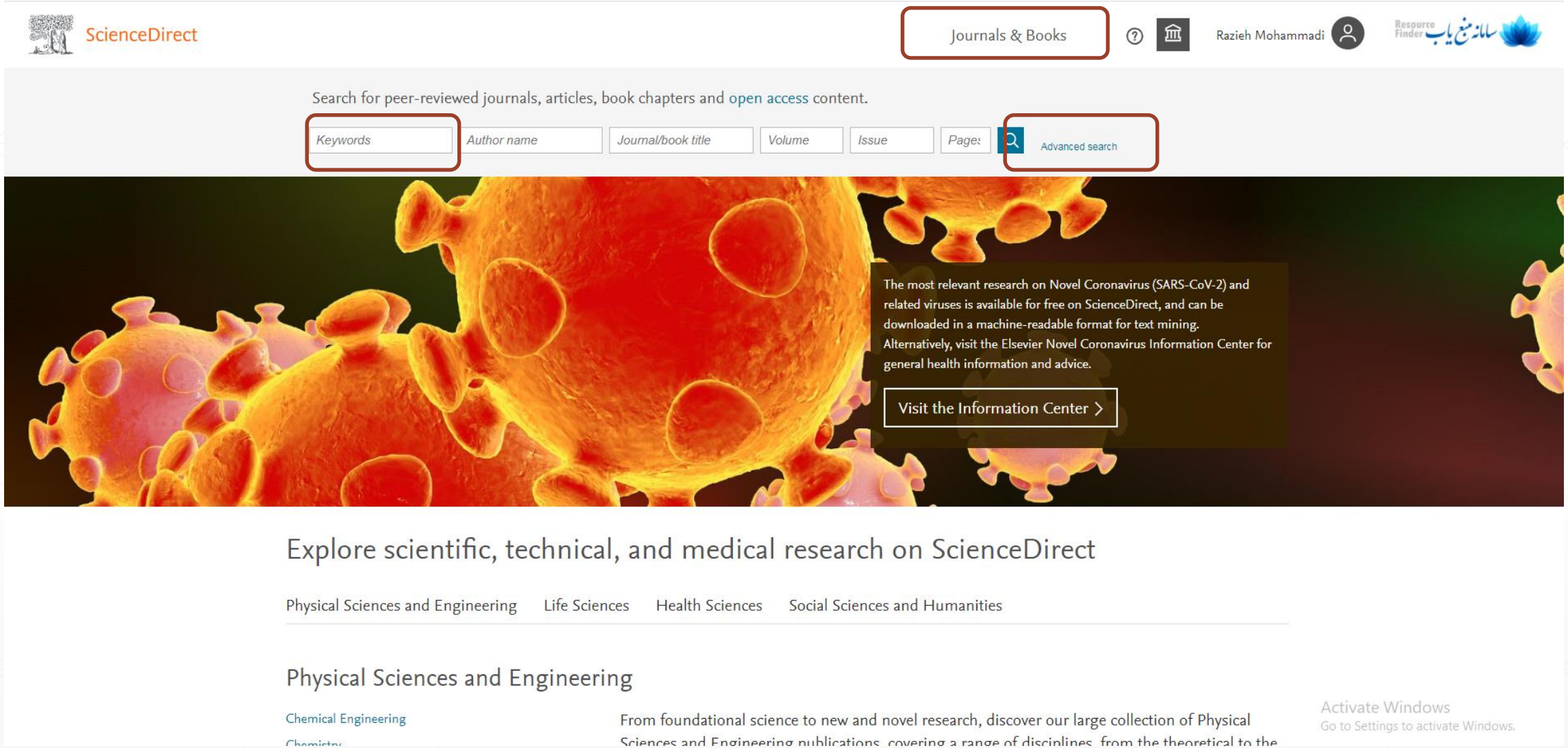
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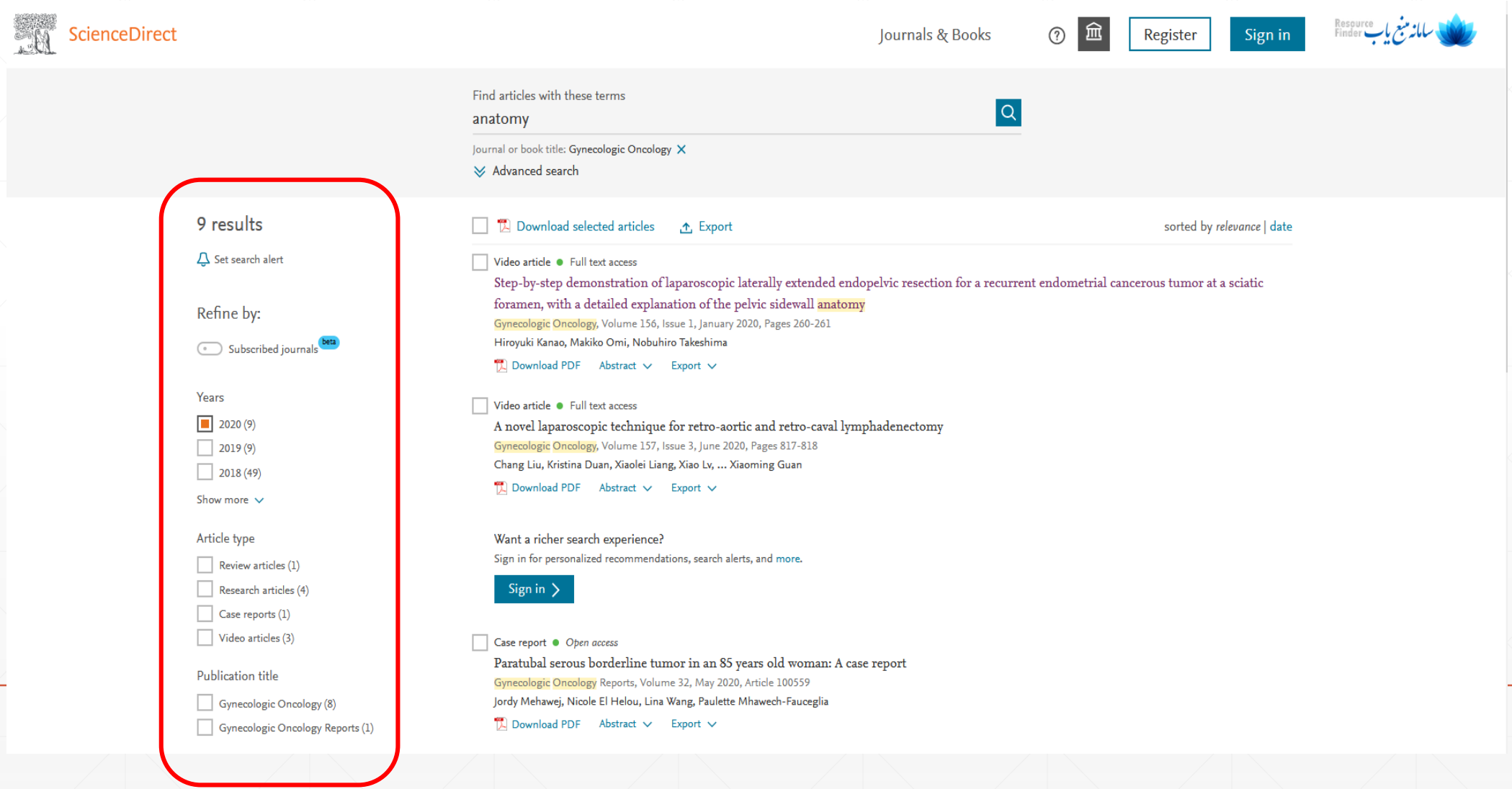
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# Step-by-step demonstration of laparoscopic laterally extended endopelvic resection for a recurrent endometrial cancerous tumor at a sciatic foramen, with a detailed explanation of the pelvic sidewall anatomy

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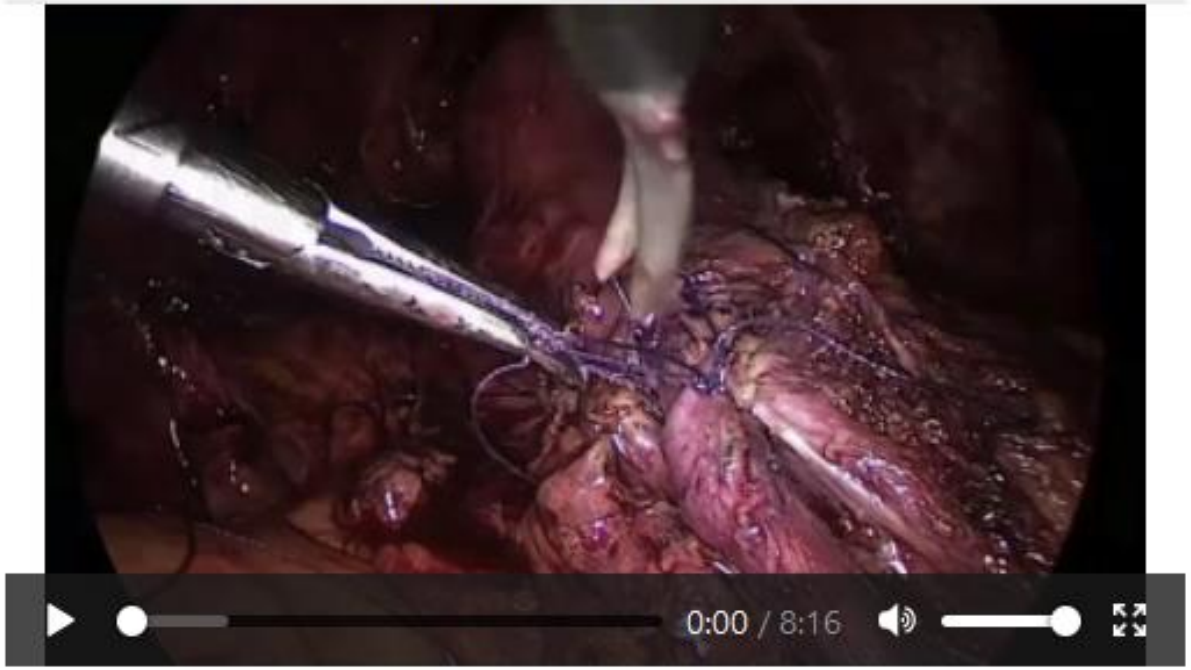


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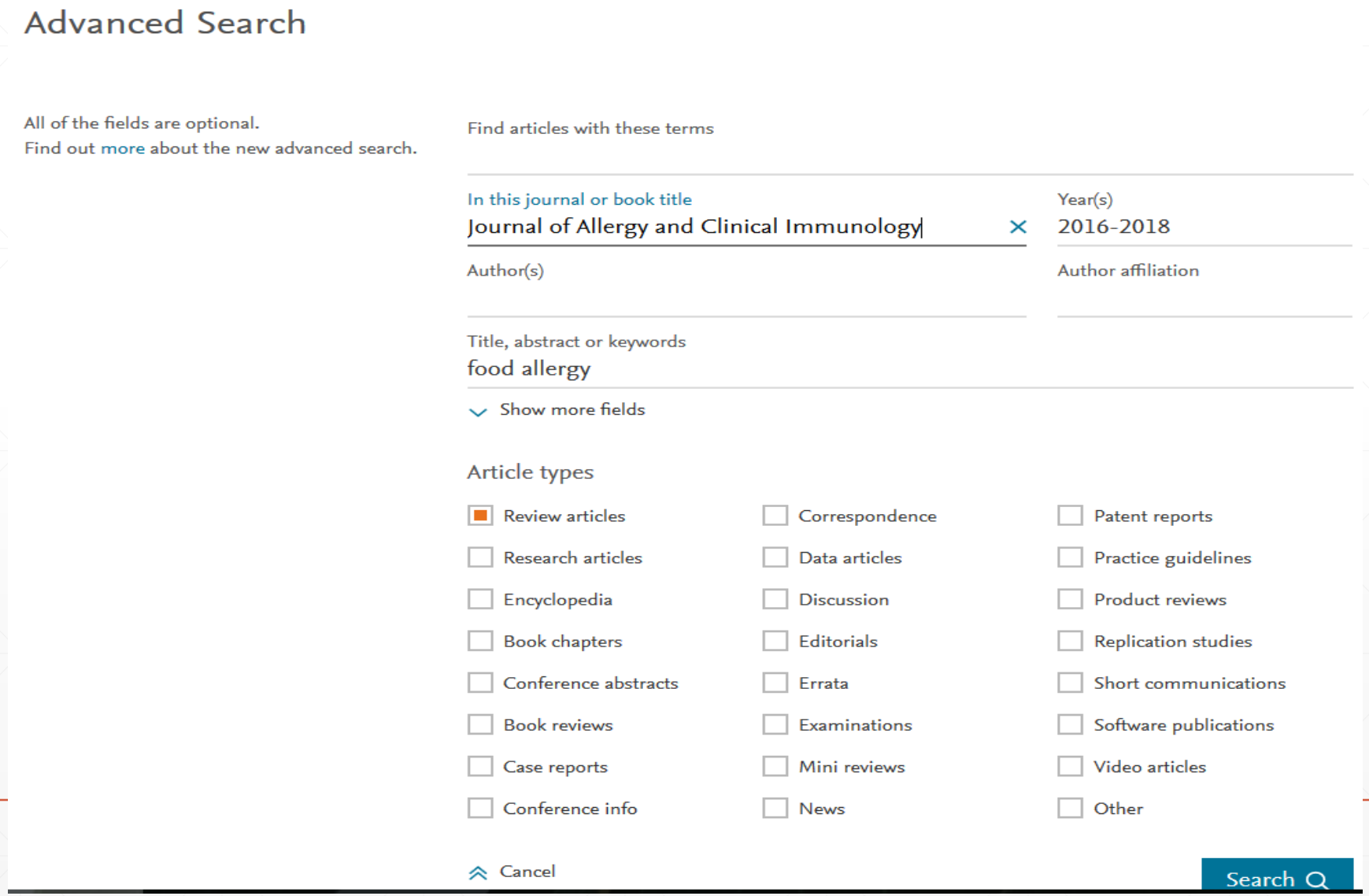

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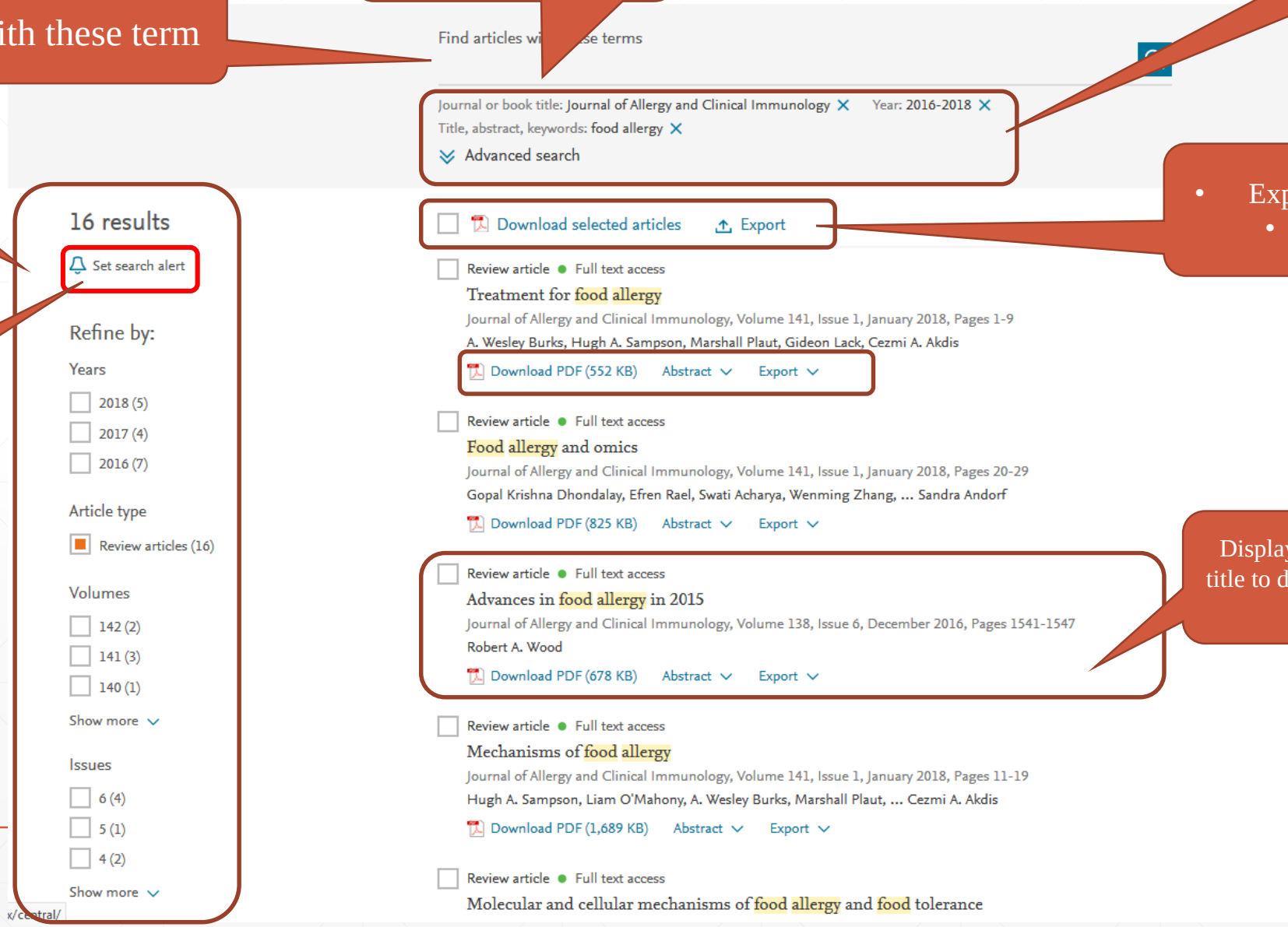

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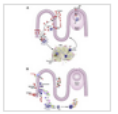
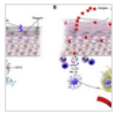
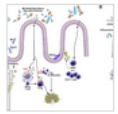

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Journal of Allergy and Clinical Immunology
Volume 137, Issue 4, April 2016, Pages 984-997

1

Reviews e article

# Molecular and cellular mechanisms of food allergy and food tolerance

R. Sharon Chinthrajah MD [a, b, e, *], Joseph D. Hernandez MD, PhD [b, c, e, *], Scott D. Boyd MD, PhD [c, e], Stephen J. Galli MD [c, d, e, ‡], Kari C. Nadeau MD, PhD [a, b, e, ‡]

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Ingestion of innocuous antigens, including food proteins, normally results in local and systemic immune nonresponsiveness in a process termed oral tolerance. Oral tolerance to food proteins is likely to be intimately linked to mechanisms that are responsible for gastrointestinal tolerance to large numbers of commensal microbes. Here we review our current understanding of the immune mechanisms responsible for oral tolerance and how perturbations in these mechanisms might promote the loss of oral tolerance and development of food allergies. Roles for the commensal microbiome in promoting oral tolerance and the association of intestinal dysbiosis with food allergy are discussed. Growing evidence supports cutaneous sensitization to food antigens as one possible mechanism leading to the failure to develop or loss of oral tolerance. A goal of immunotherapy for food allergies is to induce sustained desensitization or even true long-term oral tolerance to food allergens through mechanisms that might in part overlap with those associated with the development of natural oral tolerance.

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Ji-feng Zhang PhD *, Prince Last Mudenda Zilundu MSc †, Lihua Zhou MD, PhD †, ‡,

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Anatomy is fundamental to the practice of medicine and surge
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## Objective

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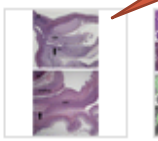

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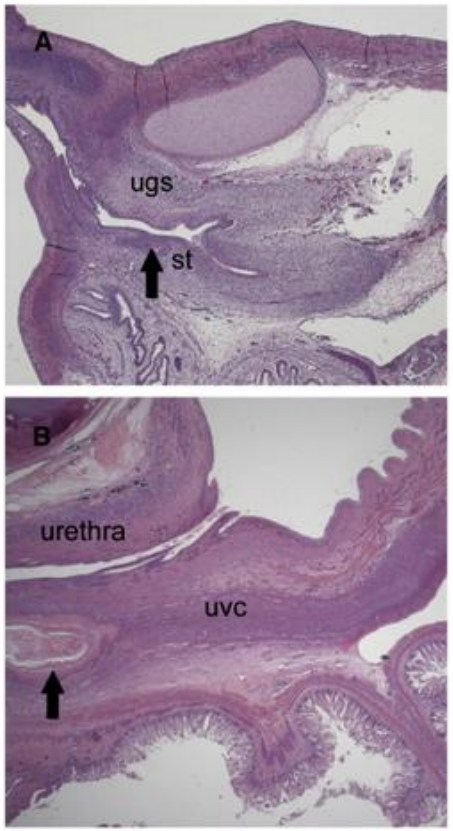


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# Ontogenetic anatomy of the distal vagina: Relevance for local tumor spread and implications for cancer surgery

Michael Höckel [a], Lars-Christian Horn [b], Romana Illig [c], Nadja Dornhöfer [a], Helga Fritsch [c]

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## Abstract

### Objective

We have suggested to base cancer surgery on ontogenetic anatomy and the compartment theory of tumor permeation in order to improve local tumor control

Lars-Christian Horn

Division of Breast, Gynecologic and Perinatal Pathology, Institute of Pathology, University of Leipzig, Leipzig, Germany

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Hiroyuki Kanao, Makiko Omi, Nobuhiro Takeshima

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https://doi.org/10.1016/j.ygyno.2019.11.015

## Highlights

- Total laparoscopic LEER is technically feasible for a laterally recurrent endometrial carcinoma at a sciatic foramen.
- The step-by-step achievement of R0 resection, without any complications or blood transfusion, is illustrated.
- A detailed anatomy of the pelvic sidewall is visualized and elucidated.

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# Step-by-step demonstration of laparoscopic laterally extended endopelvic resection for a recurrent endometrial cancerous tumor at a sciatic foramen, with a detailed explanation of the pelvic sidewall anatomy

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Laterally extended endopelvic resection (LEER) is regarded as a surgical salvage therapy for patients with laterally recurrent gynecologic carcinomas [1]. A prerequisite for R0 resection using this excision technique is carcinoma location remote from the sciatic foramen [1,2]. However, considering the advantages provided by laparoscopy in terms of visualization and dissection, laparoscopic LEER can potentially be use resection of a laterally recu

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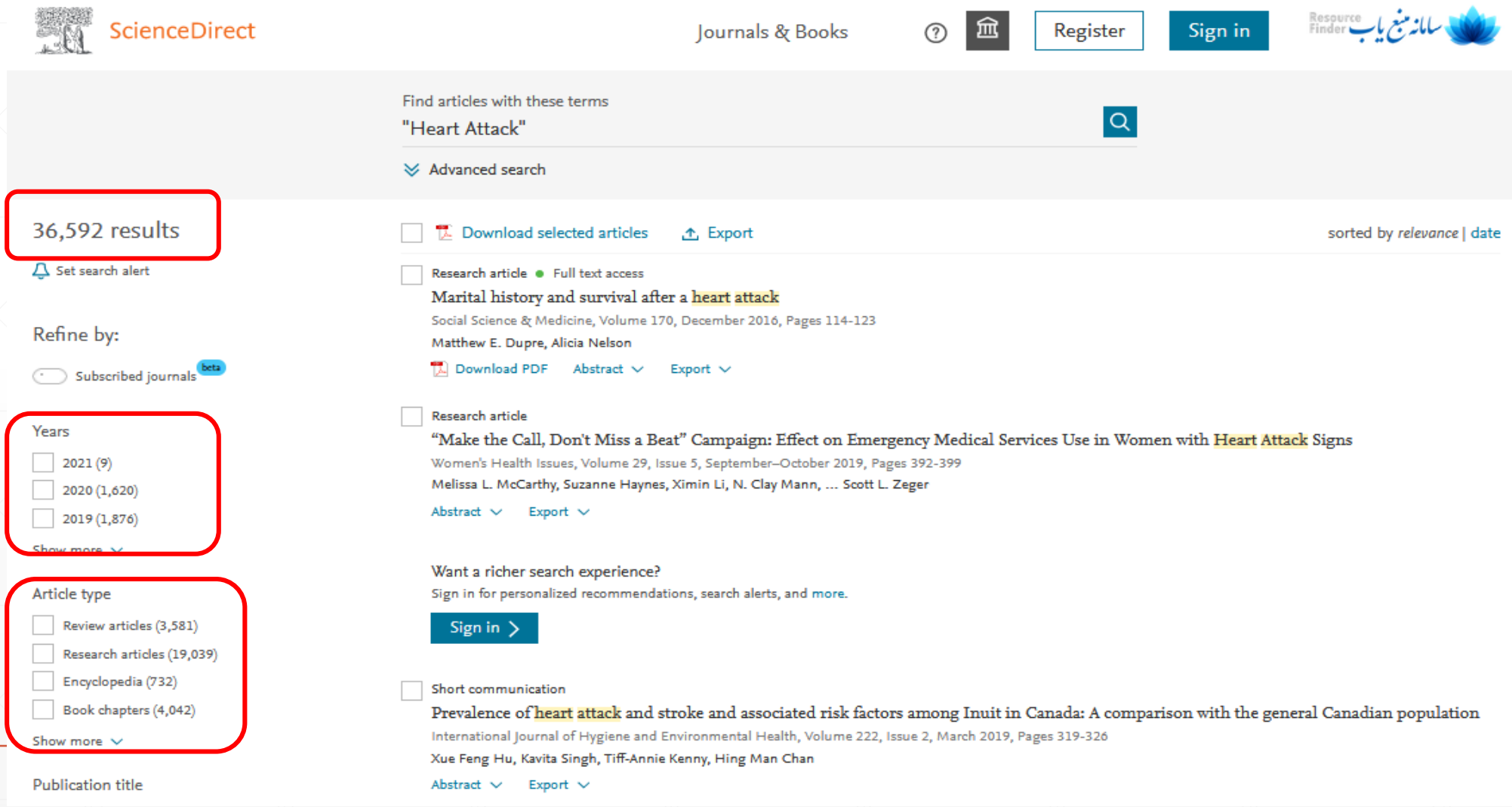

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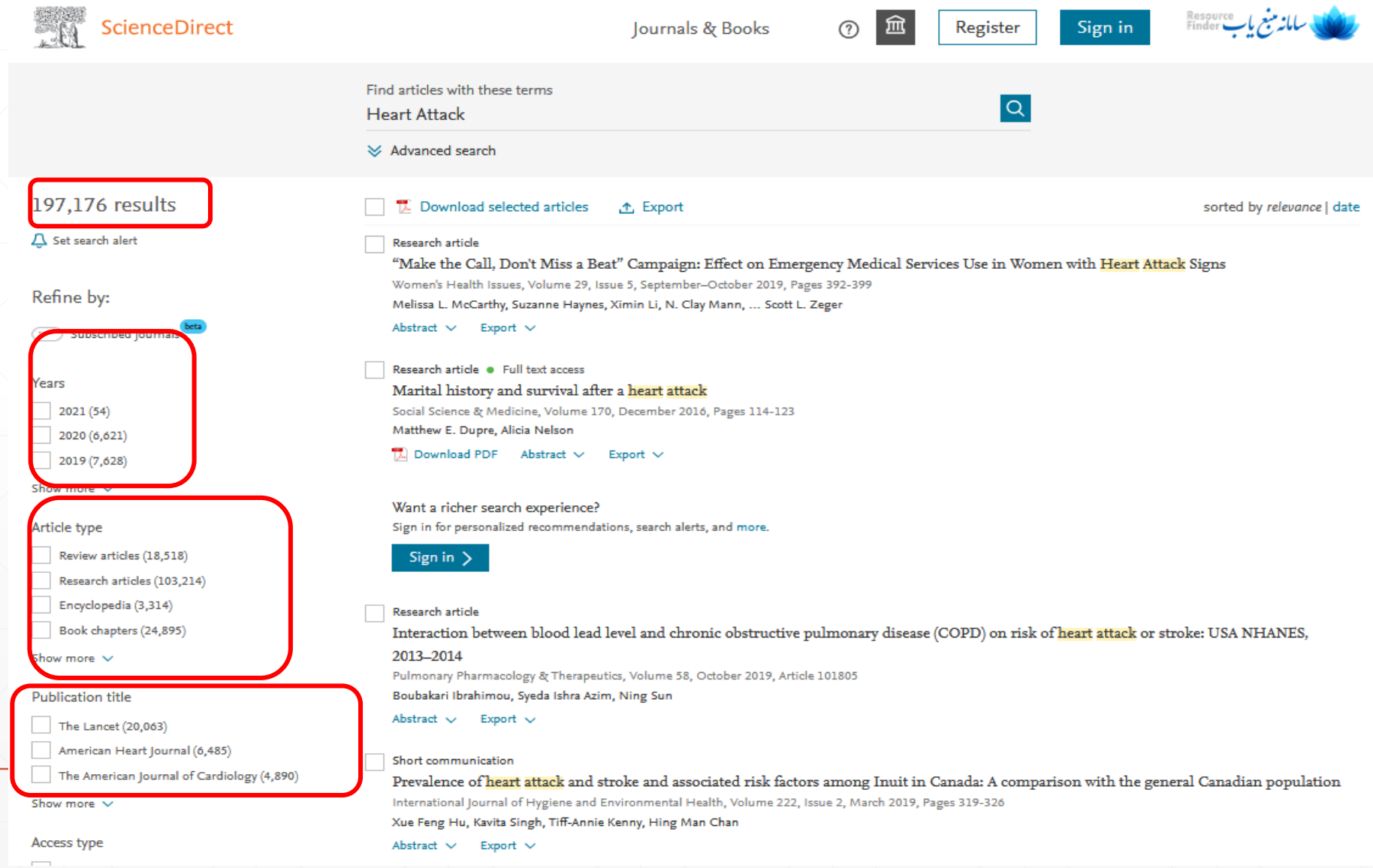

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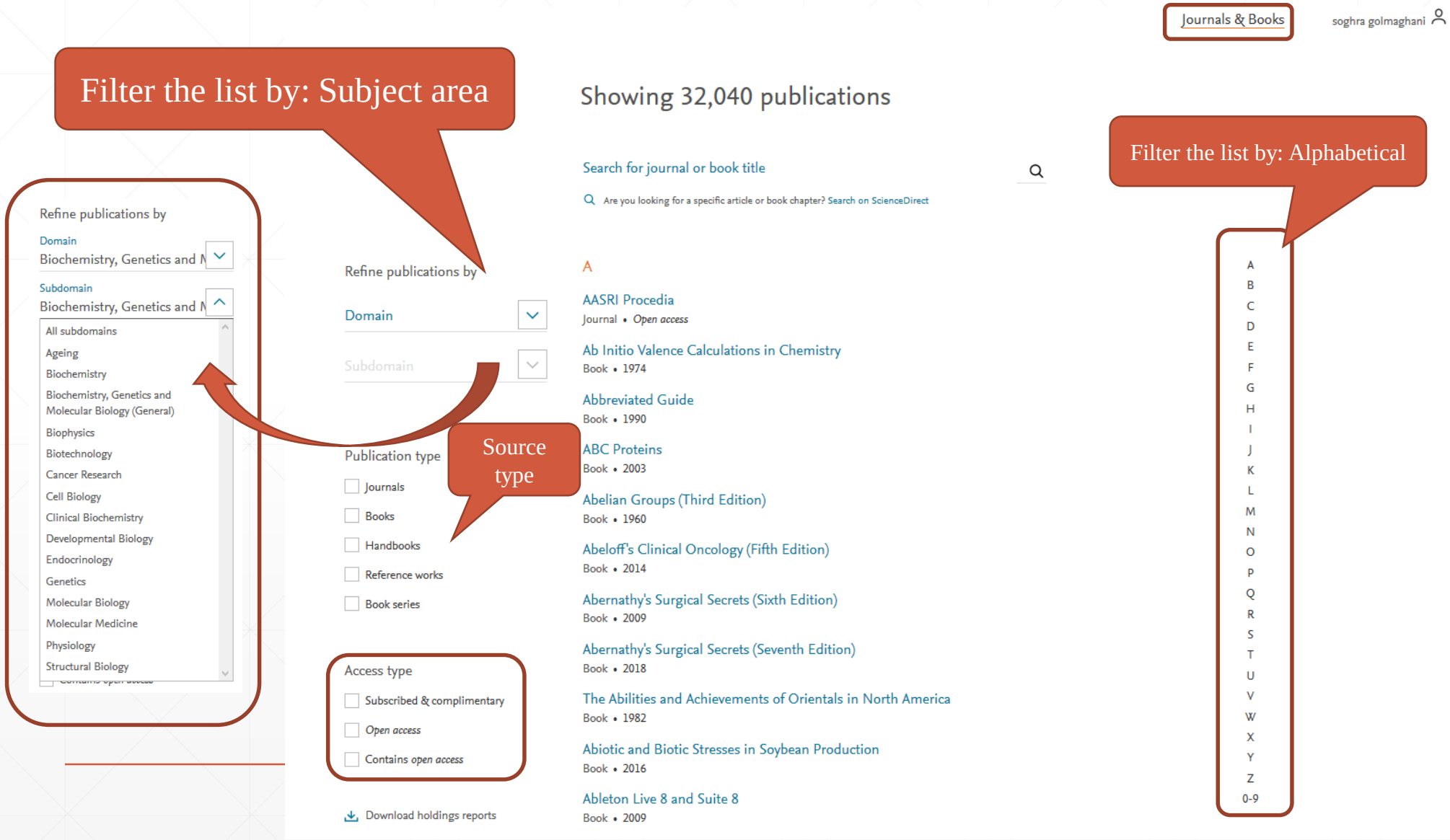

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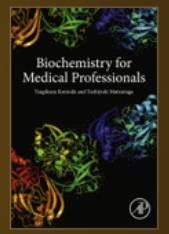


Authors:
Tsugikazu Komoda and Toshiyuki Matsunaga

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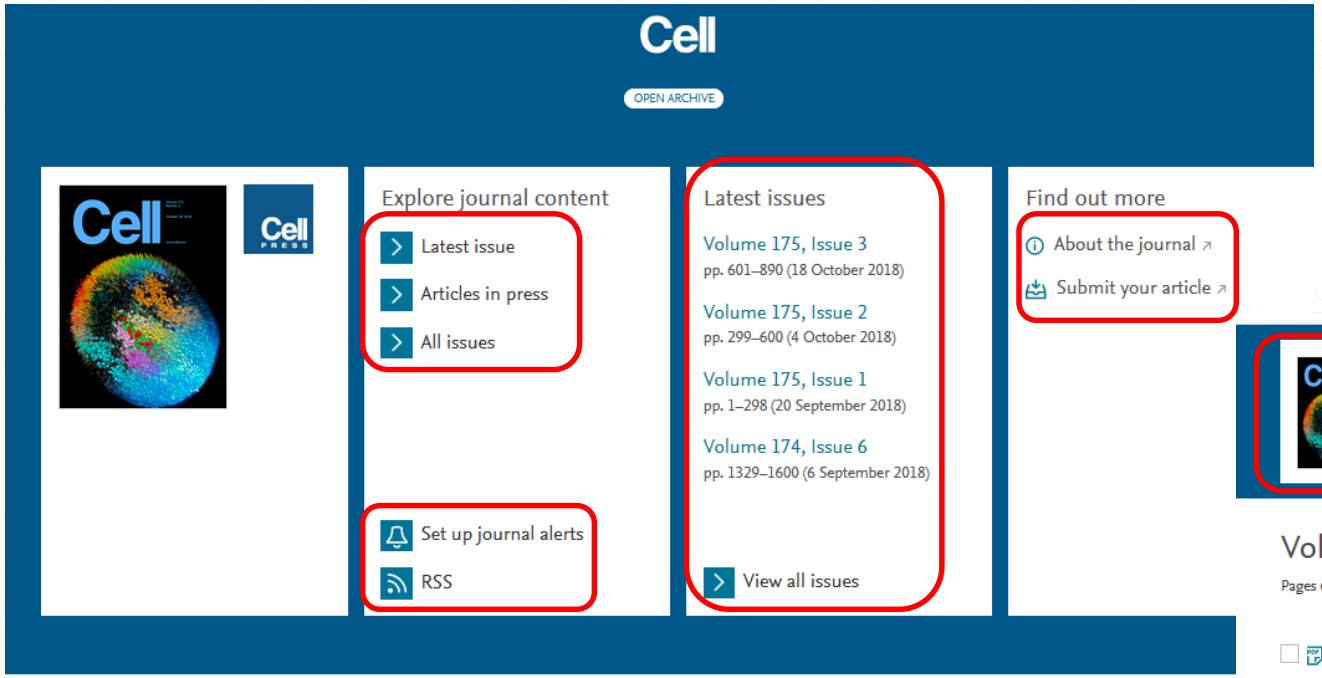


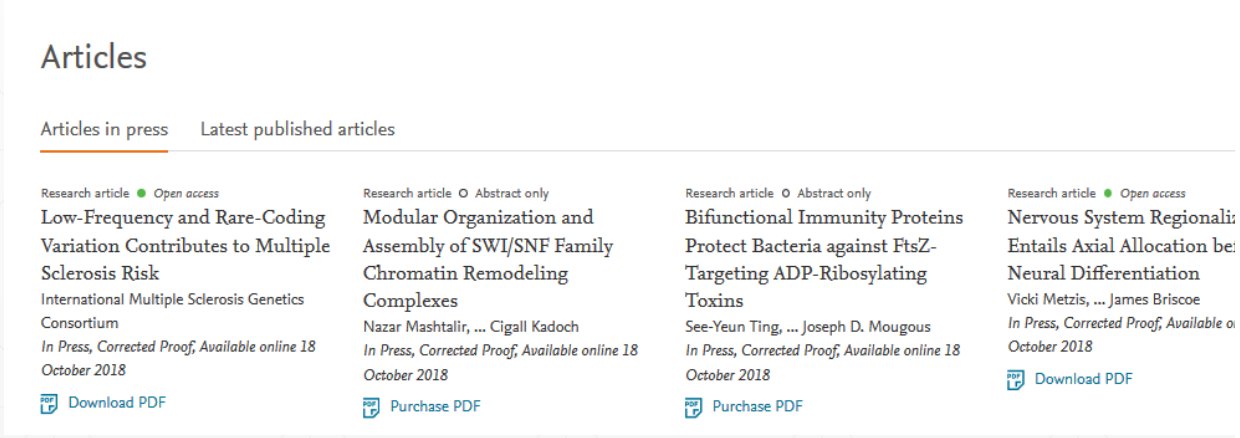


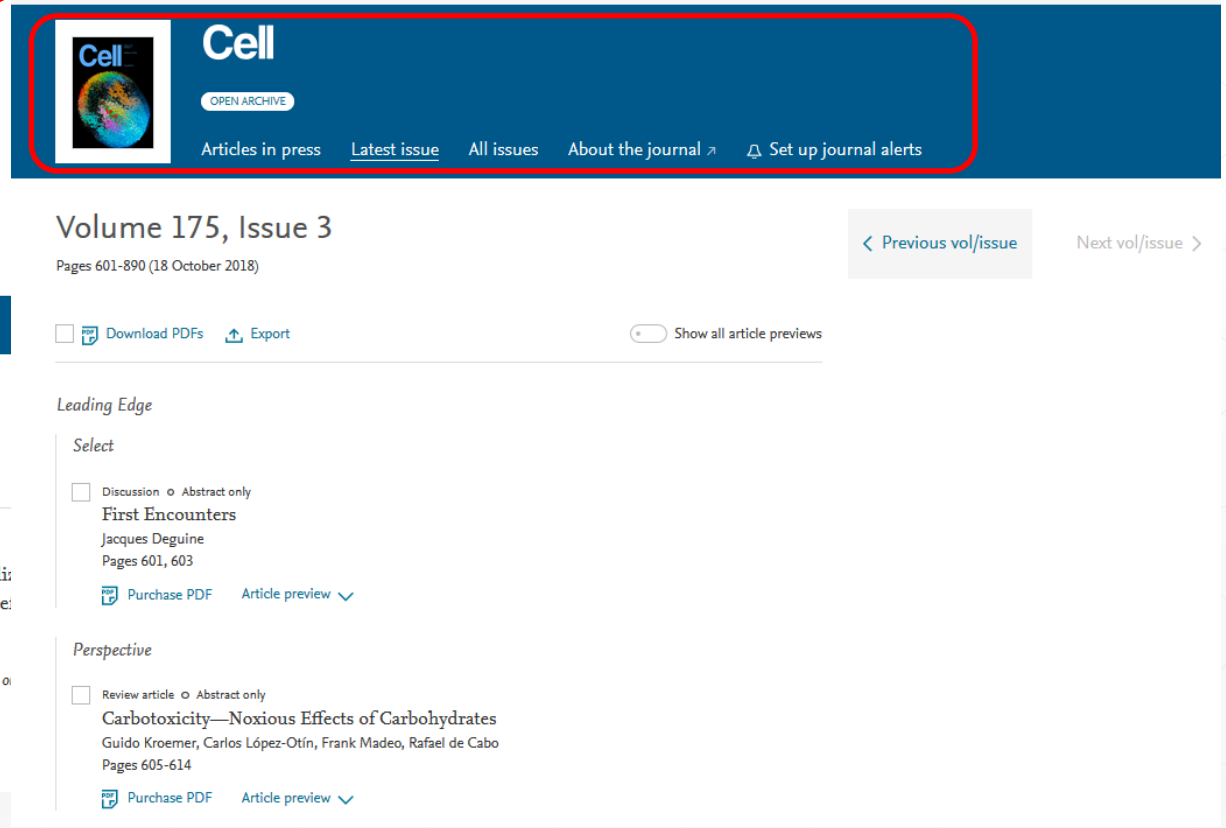

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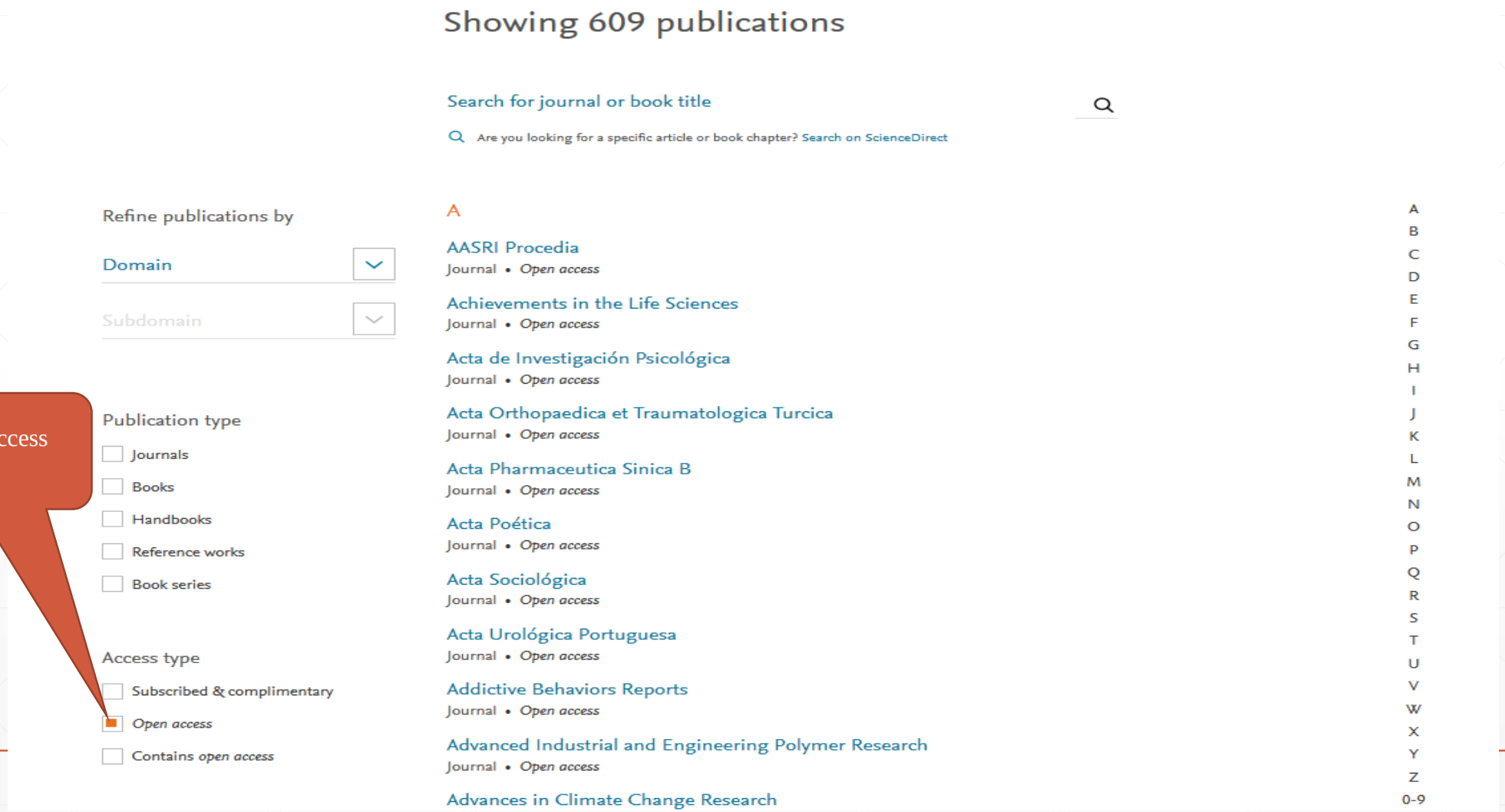


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