Ovarian transposition was the first procedure proposed for children with cancer to preserve ovarian function from damage caused by abdominal and pelvic radiotherapy. In this paper, we describe the first paediatric case of single-port laparoscopic ovarian transposition.

**Keywords**: Children, ovarian transposition, single-port laparoscopic surgery
Hodgkin disease and other in childhood cancers. Ovarian transposition is a common method of avoiding irradiation damage. It is performed in young women who require radiotherapy for pelvic malignancy to preserve hormonal function and possibly, potential fertility. This is a simple procedure that can be performed laparoscopically, it is safe and effective. Ovarian transposition is usually done after neoadjuvant chemotherapy to attest tumour chemosensitivity and disease control. Successfully preserving ovarian function depends on the distance between the transposed ovaries and the edge of the radiation field. Therefore, the ovaries should be transposed as laterally and as cranially as possible from the pelvic brim. However, attention should be paid to avoid torsion and extension of the ovarian vessels, which may reduce the blood supply to the ovaries.

Innovations in technology have changed the traditional laparoscopy to be less invasive. Single-port laparoscopic surgery is a technique in laparoscopic surgery, which is based on the idea that all the laparoscopic trocars are inserted through the same incision. The advantages of the surgical glove-port technique compared to the single-port technique include its ease of placement and use of inexpensive surgical equipment. The glove-port technique allows simultaneous passage of several laparoscopic instruments through one small incision, and this fact can have several merits: the effect of the two rings of the wound retractor can prevent subcutaneous emphysema, port-site infection, and bleeding. The umbilical incision is minimised; this advantage can decrease the postoperative pain and the rate of surgical site hernia development. In this report, we could perform ovarian transposition in a reasonable time without operative complication. However, the single-port laparoscopic surgery has systemic limitations, including a crush between instruments or between instruments and endoscope, a limited amount of instruments and limited mobility of straight laparoscopic instruments because surgical instruments work through only one port. We have solved the technical problems using conventional laparoscopic instruments. A 40 cm length, 5-mm diameter, and 30° angled endoscope, and a 90° light cable adaptor were used to avoid collision between the endoscope and surgical instruments. We believe that surgeons who wish to perform single-port laparoscopic ovarian transposition should have advanced laparoscopic skills and experience with conventional laparoscopic surgery. This can be overcome by embarking on extra-corporeal training with simulators or animal labs.

**Conclusion**

The glove-port is a feasible and aesthetic technique to perform laparoscopic ovarian transposition in children who require pelvic radiotherapy. Prospective randomised trials will permit the evaluation of potential benefits of this minimally invasive surgical technique.

**Declaration of patient consent**

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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**Conflicts of interest**

There are no conflicts of interest.

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