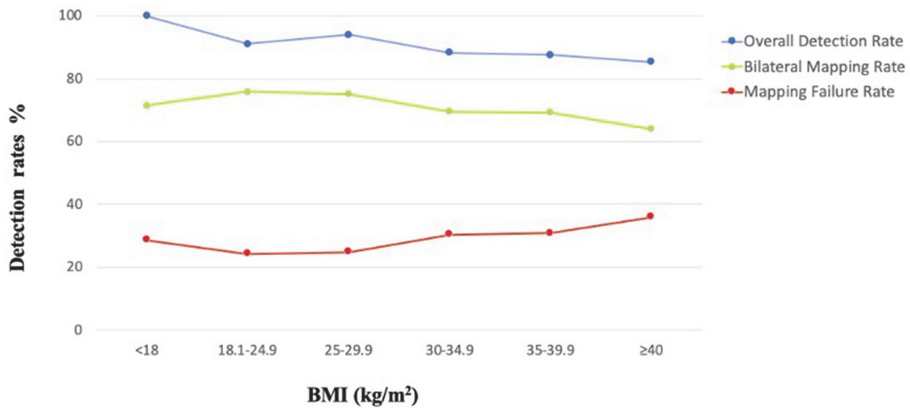

Overall detection rate: OR 0.785, 95 % CI 0.670-0.920, p=0.003
Successful bilateral mapping: OR 0.865, 95% CI 0.773-0.968, p=0.012
Mapping failure risk: OR 1.156, 95% CI 1.033-1.294, p=0.012

Abstract 806 Figure 1 SLN detection rates per 5-unit of BMI increase and bionominal logistic regresion analysis in the propensity matched population

Abstract 806 Table 1 Data on lymph nodes by BMI groups in the propensity matched population

Variables	Group 1 BMI < 30 n=382 n (%)	Group 2 BMI ≥ 30 n=382 n (%)	p-value*
Overall detection rate (mono-bilateral)	355 (92.9)	334 (87.4)	**0.011**
Successful bilateral mapping	289 (75.7)	260 (68.1)	**0.020**
Mapping failure (missing/mono-lateral)	93 (24.3)	122 (31.9)	
Patients with lymph node metastasis	65 (17.3)	60 (16.3)	0.634
pelvic lymph-node	63 (16.8)	60 (16.3)	
lumbo-aortic ± pelvic lymph-node	3 (0.8)	2 (0.5)	
N. of patients not staged**	6 (1.6)	13 (3.4)	0.104
SLN histological status#			0.607
Negative	300 (84.5)	285 (85.3)	
Positive	55 (15.5)	49 (14.7)	
ITC	12 (21.8)	15 (30.6)	
Micrometastasis	25 (45.5)	16 (32.7)	
Macrometastasis	18 (32.7)	18 (36.7)	
Empty packet dissection	14 (3.9)	25 (7.4)	**0.046**

(respectively OR 0.865, 95% CI 0.773-0.968, p=0.012 and OR 0.785, 95% CI 0.670-0.920, p=0.003) (**figure 1**). Furthermore, in the group of obese patients, in 25 cases (7.4%) the SLN dissection did not lead to the identification of lymph-node tissue at final histopathological examination ('empty packet dissection') (Group1 vs Group 2: 3.9% vs 7.4%, p=0.046) (**table 1**).

Conclusion* Controlling for the variables that have been proved to negatively influence the SLN detection rate, BMI was confirmed as a statistically relevant predictor of mapping failure. In addition, obese women had a significantly higher odds of empty packet dissection, which could lead to an unintended surgical understaging.

813 FERTILITY PRESERVATION IN ENDOMETRIAL CANCER: PERINATAL AND ONCOLOGIC OUTCOMES

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Introduction/Background* The aim of our study is to evaluate the oncological and perinatal outcomes in young women diagnosed with atypical endometrial hyperplasia (AEH) or endometrial cancer (EC) treated with hormone therapy.

Methodology A single institutional ambispective study was performed including all patients diagnosed with AEH or EC grade 1 without myometrial invasion who received hormone therapy between January 2011 and July 2021. We analyzed the complete response rate and recurrence rate of disease and pregnancy rate in these patients as well as perinatal results (live births rate, type of delivery and perinatal morbidity). In addition, we evaluated complete response rate according to type of hormone therapy, dosage received and treatment length.

A review of literature was performed to identify studies involving patients with AEH or EC who received fertility sparing management.

All statistical analysis were performed using the software SPSS Statistics v.24.0 (IBM Corp., Armonk, NY, USA).

Result(s)* The results after final statistical analysis will be available when we complete the collection of follow-up data for conservatively treated patients.

Conclusion* Conservative management with progestins of young patients with AEH or EC grade 1 limited to the endometrium is an acceptable possibility given the high remission rate and live birth rates achieved. However, definitive surgical treatment cannot be avoided given the high recurrence rate described in the literature.

828 A RARE SITUATION: HERNIATION OF BOWEL THROUGH 5 MM TROCAR SITE IN A PATIENT WITH ENDOMETRIAL CARCINOMA

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Introduction/Background* Hernia formation through 5mm-trocar-site has incidence between 1-6% in the literature. Practically fascial defect at the 10-mm-trocar site is closed, while suturing at the 5-mm-trocar site is not preferred. Because of its rarity, a possible hernia can be underestimated by the clinician and severe intestinal damage may occure as complication of minimally invasive surgery. Here we present a case -who had been operated via laparoscopy due to endometrial