DETECTION OF SENTINEL LYMPH NODE IN PATIENTS WITH EARLY-STAGE CERVICAL CANCER OF PATENT BLUE, IN GYNECOLOGIC ONCOLOGY UNIT, OSECAC

N Adriana, F Gomez Cherey, C Romina, T Gabriela, L Jimena, C Levit, S Alessandria∗. OSECAC, Gynecologic Oncology Unit, Buenos Aires, Argentina

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Objectives To evaluate the detection percentage of the sentinel lymph node (SLN) and its location. Determine whether performing only SLN reduces morbidity.

Methods This is retrospective descriptive study. Between Jan/2015, and Sep/2018. 61 women with CC were operated (epidermoid and adenocarcinoma lineage). 19 Mini Invasive Surgeries (MIS) and 42 Radical Histerectomy Type C (ARHT) were performed. 41 cases, SLN detection (MIS 19 and ARHT 22) were performed. In 37 patent blue was injected for SLN detection. Of these, in 32, the pelvic lymphadenectomy (PL) was completed in addition to the SLN detection and in nine patients, only the SLN detection was performed.

Results In 4.87% (2/41) did not stain the SLN, in 17.08% (7/41) were detected unilaterally and in remain 78.05% (32/41) they were found bilaterally. In 19.56%, localization was obtained in unusual places (8/41). The patients in PL group had 29.4% (5/20) of complications related with de surgical procedure, in the SLN+PL had 18.9% (6/32) of complications related with de surgical procedure, and the only SLN not have any complication related with de surgical procedure.

Conclusions The SLN allows the detection of the first node in 78.05% bilaterally with 19.56% finding it in non-usual PL sites and with a low rate of complications related to PL. This technique is a valid alternative for centers that do not have the technological infrastructure to implement detection with indocyanine green. These results encourage the initiation of this modality in selected cases. To be able to advance in research lines that increase the detection of SLN.

RESIDUAL LESION POST CERVICAL CONIZATION IN CERVICAL CARCINOMA

S Alessandria∗, J Lange, G Torres, G Devoto, L Diaz, S Tatti, A Bermudez. Buenos Aires University Hospital, Gynecologic Oncology Unit, Buenos Aires, Argentina; Buenos Aires University Hospital, Anatomopathologic Unit, Buenos Aires, Argentina; Buenos Aires University Hospital, Gynecologic Unit, Buenos Aires, Argentina

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Objectives To determine the presence of residual disease in the radical surgery specimens in patients carrying stage Ia1-Ib1 cervical carcinoma.

Methods Retrospective study, 21 stage Ia1-Ib1 cervical cancer patients were included. Period: 1-2005 to 12-2018. All were submitted to a diagnostic cervical conization followed by radical surgery.

Results FIGO stage was Ia1 in 4 patients, Ia2 in 2 and Ib1 in 15. Surgical margins were negative in 7 conization specimens (36.4%), among this cases only 2 were positive in the radical surgery (1 for HSIL and 1 for a 3 mm invasive carcinoma). Margins were positive in 14 (63.6%) cases; 4 (28.6%) by high-grade intraepithelial lesion and 10 (71.4%) for invasive carcinoma. Radical surgery specimens showed the presence of carcinoma in 7 pts (31.8%) (5 Type C Radical Hysterectomy 71.4%, 1 trachelectomy 14.3% and 1 Pelvic Lymphadenectomy 14.3%), HSIL in 1 hysterecyte (4.5%), and absence of residual disease in 15 cases (68.1%) (10 Type C Radical Hysterectomy 73.3%, 1 hysterectomy 6.6% and 3 trachelectomy 20%). Age above 34 years, postmenopausal state, presence of symptoms, positive margins in the conization and stage Ib were associated with a higher incidence of residual lesion in the radical surgery specimen.

Conclusions Variables like age, hormonal status, and positive margins and histological type of the tumor are factors to be considered in the prediction of residual postconization lesion.