patients, whereas, 3 (2.2%) patients underwent pelvic and para-aortic lymph node dissection. Median number of dissected lymph nodes was 11 (interquartile range: 5.7–21.2). Among patients who underwent lymph node dissection, 14 (16.3%) patients showed lymph node involvement. Stage I, II and III were recorded in 97 (71.9%), 13 (9.6%), and 25 (18.5%) patients respectively. We did not observe lymphedema in our study participants. Other complications related to lymph node dissection were low grade and were not associated with age, BMI, extent of lymph node dissection, total number of dissected lymph nodes, lymph node involvement and disease stage.

Conclusion Complications related to lymph node dissection including lymphedema are rare after TAH+BSO for endometrial cancer and the extent of lymph node dissection or disease stage is not associated with higher risk of such complications.

Introduction/Background Mixed endometrial carcinoma (MEC) refers to a tumor that is comprised of two or more distinct histotypes. Each component histotype by definition has to represent more than 5% of the tumor. Although it is relatively rare, both diagnosis and management can be troublesome. Molecular and histopathologic features have become important in the identification and more importantly the precise management of the MEC’s.

In our study, we aimed to evaluate the clinical and pathological characteristics of the MEC

Methodology The clinical and pathological records of the 29 MEC patients who were operated on and regularly followed up in the clinic between January 2000-December 2019 were reviewed. Clinical features, operation characteristics, pathological findings, myometrial invasion degree (MI), lymph node involvement (LNI), lymphovascular space invasion (LVSI), adjuvant therapies, and follow-up data of the patients and their effects on survival were investigated.

Results During the study period, 29 out of 1110 patients with endometrial cancer had MEC (2.6%). Eighteen of the cases had endometrioid + serous, 7 had endometrioid + clear, 3 had endometrioid + serous, and 1 had clear + serous histopathology. The mean age of the patients was 63.2±12.1. Laparoscopic surgery was performed in 8 of the cases (27.6%). MI was present in 16 cases (55.1%), LVSI was positive in 4 cases (13.8%), and 9 were in stage 3 (31%). LNI was detected in 7 cases (24.1%). Approximately 80 percent of cases received adjuvant therapy. While 80% of the cases received chemotherapy, this rate was 55% for radiotherapy.

Conclusion MECs are tumors that can be difficult to diagnose and manage. In addition to histopathological features, revealing and evaluating their molecular properties will help us to better understand this group of tumors.

Disclosures None