Objective: To establish the obesity incidence according to BMI (body mass index) in 1st Department of Gynecology Iasi and to correlate the grade of obesity with prognostic factors. We also looked at the challenges of treating EC caused by obesity.

Methodology: It was a prospective study on 110 patients with surgical treatment for EC from the 1st Clinic of Gynecology Iasi between January 2014-June 2021. We evaluated the BMI of the patients defined by WHO. For 15 women we made correlation between others parameters for assessing obesity and aggressiveness of EC.

Results: The mean age of the patients was 60.15 years (limits 36-87 years). 83.33% of the cases were diagnosed with stage I cancer. 54 women were obese. Most of them associated hypertension with obesity-36, 27 cases had diabetes with obesity and only 25 women presented the classic triad hypertension-diabetes-obesity. We didn’t find statistic correlation between obesity rate and disease stage (p=0.427), tumor grading (p=0.690) or vascular invasion (p=0.84). 5 patients presented wound infection, 3 had dehiscent scar.

Conclusion: Obesity is involved in disease pathogeny but cancer aggressiveness is not correlated with the grade of it. The association between obesity and hypertension determines a more advanced stage of disease and increases the grading. The classical risk triad was not statistically influenced the stage p=0.580 and grading p=0.098. Weight loss after surgery is a priority for decreasing the rate of recurrence, but in our country few patients understand the importance of this goal.
types and grades, who underwent the Sentinel Lymph Node by immunofluorescence Technique and/or systematic lymphadenectomy between June 2019 and March 2020 at the Fundación Jiménez Díaz University Hospital.

We used indocyanine green powder. We proceeded to dissolve it in 10 cubic centimeters of distilled water. After which, we injected 2 cc of the prepared solution into the cervix at the 3 and 9 o’clock positions at a depth of 1 cm.

Result(s) Eighteen patients were included, analyzing a total of 26 sentinel nodes: 24 pelvic and 2 paracervical; and a total of 273 lymph nodes (sentinel and non-sentinel nodes): 83 right pelvic, 86 left pelvic and 104 paraortic. All nodes were negative for metastasis.

Global and bilateral detection rates were 77.78% and 50% respectively. The Negative Predictive Value and sensitivity were 100%. No significant difference in morbimortality was found between performing only Sentinel Lymph Node technique or systematic lymphadenectomy; but the association with quality of life was significant, with better results for those who only underwent the sentinel lymph node technique versus systematic lymphadenectomy (0% vs 77%).

However, we observed at the beginning of the study, bilateral detection was very limited. This could be due to a failure in the tracer injection technique in our first 10 patients. Because since from the standardization of the technique we obtained a considerable improvement in bilateral detection; 87.5% (before technical standardization 20%). This supports the theory that technique is the most important factor in detection (Rossi, 2019).

Conclusion The global and bilateral detection rates of the Sentinel Lymph Node Technique by immunofluorescence were 77.78% and 50% respectively, obtaining a Negative Predictive Value and Sensitivity of 100%. Sentinel Node Biopsy is a valid technique to predict lymphatic affection in early endometrial cancer, with lower morbimortality than systematic lymphadenectomy.

1156 ADOPTION OF MINIMALLY INVASIVE SURGERY AND DECREASE IN SURGICAL MORBIDITY FOR ENDOMETRIAL CANCER IN THE CANARY ISLANDS

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Introduction/Background After minimally invasive surgery gained popularity in gynecology oncology, laparoscopic operations became widespread among oncologic operations, however more studies evaluating safety and morbidity of laparoscopic surgery during the learning period of laparoscopy are needed.

Methodology A prospective study of 895 consecutive patients diagnosed with clinical stage I endometrial cancer managed between January 2005 and December 2016 in a Department of Gynaecology Oncology in a tertiary center in the Canary Islands. The open surgery group was compared to the minimally invasive surgery group over these years. Both groups were compared for epidemiological and clinical characteristics, surgery outcomes, pathologic findings, hospital stay and intraoperative and postoperative complications.

Result(s) There were no differences between both groups in terms of median age, percentage of previous laparotomies and median BMI. Median operating time was longer for the laparoscopic group, although the observed differences were not significant. The estimated blood loss was significantly less for the laparoscopic group. There were no differences in intraoperative complications although postoperative adverse events were significant lower in the laparoscopic group. Hospital stay was significantly longer in the laparotomic arm. There were no significant differences in the percentage of readmissions, reoperations and death related to treatment between both groups.

Conclusion Laparoscopic surgery in early-stage endometrial cancer is a safe and effective surgical approach applicable in any center with appropriate training. It is possible to change drastically the surgical management of endometrial cancer thus reducing significantly morbidity: less blood loss, less postoperative adverse events and shorter duration of hospital stays, compared to laparotomic surgery.

1158 PREVALENCE OF ENDOMETRIAL CARCINOMA IN WOMEN WITH MYOMA UTERI ASSOCIATED ABNORMAL UTERINE BLEEDING (AUB) IN A TERTIARY GOVERNMENT HOSPITAL

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Introduction/Background Myomas are the most common benign neoplasm of the female reproductive organs. They most commonly cause abnormal uterine bleeding (AUB) which is also manifestation of endometrial carcinoma. These two conditions can co-exist due to their sensitivity to estrogenic stimulation. This association, as reported in few reported articles, was also reproduced in this paper.

Methodology The study was a cross sectional retrospective in nature, which involves patients diagnosed with any kind of uterine fibroids presenting with abnormal uterine bleeding that