

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 paraortic; 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 affectation in early endometrial cancer, with lower morbimortality than systematic lymphadenectomy

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

¹V Benito*, ¹A Lubrano, ²L León, ³F Molano, ⁴B Pinar. ¹Hospital Materno Infantil, Gynecology and Obstetrics, Las Palmas de Gran Canaria, Spain; ²Hospital Materno Infantil, Pathology, Las Palmas de Gran Canaria, Spain; ³Hospital Insular, Medical Oncology, Las Palmas de Gran Canaria, Spain; ⁴University Hospital of Gran Canaria Dr. Negrin, Radiation Oncology, Las Palmas de Gran Canaria, Spain

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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 intra-operative 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 intra-operative complications although postoperative adverse events were significantly 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.

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

JL Tanchuling. East Avenue Medical Center, Obstetrics and Gynecology, Quezon , Philippines

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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

Abstract 1158 Table 1 Factors associated with endometrial carcinoma among myoma uteri patients

	Crude		Adjusted	
	OR (95% CI)	p	OR (95% CI)	p
Age	1.036 (1.02 to 1.06)	0.001	1.058 (1.01 to 1.10)	0.010
BMI				
18.5-24.9	Reference	-	Reference	-
<18.5	0.260 (0.03 to 2.15)	0.212	0.719 (0.07 to 7.09)	0.777
25.0-29.9	1.396 (0.81 to 2.40)	0.226	0.986 (0.54 to 1.81)	0.963
≥30.0	0.520 (0.06 to 4.81)	0.564	0.927 (0.08 to 10.50)	0.951
Gravidity	1.123 (0.99 to 1.27)	0.062	1.173 (0.70 to 1.96)	0.543
Parity	1.124 (0.99 to 1.28)	0.078	0.890 (0.53 to 1.51)	0.666
Age of menopause	2.721 (1.10 to 6.75)	0.031	2.164 (0.66 to 7.04)	0.200
Menstrual irregularity	0.856 (0.33 to 2.19)	0.745	0.911 (0.32 to 2.59)	0.861
Intermenstrual bleeding	0.239 (0.07 to 0.83)	0.024	0.133 (0.04 to 0.50)	0.003
Comorbidities				
Hypertension	2.220 (1.25 to 3.96)	0.007	1.176 (0.53 to 1.87)	0.691
Diabetes	1.107 (0.62 to 1.97)	0.731	0.893 (0.43 to 1.87)	0.764