difference between the NLR measurements of the cases from different groups (p<0.001) 1.

Conclusion As a non-specific inflammatory marker, NLR was elevated in women with endometrial cancer. Simple, cheap and easy-to-perform, the NLR can be used as a potential inflammatory marker, for endometrial malignancy.

As a non-specific inflammatory marker, NLR was elevated in women with endometrial cancer. Simple, cheap and easy-to-perform, the NLR can be used as a potential inflammatory marker, for endometrial malignancy.

Introduction/Background The aim of this study was to evaluate the role of sub-histological types of atypical endometrial hyperplasia in the patient group treated with the diagnosis of atypical endometrial hyperplasia and whose final pathology is endometrial cancer.

Methodology A retrospective review of five years of patients (N = 94) who underwent hysterectomy for a diagnosis of atypical endometrial hyperplasia at a tertiary gynaecologic oncology center. Clinical and pathological characteristics were obtained.

Results The rate of concurrent endometrial carcinoma was 40.34% (n = 23) with most being stage 1A endometrioid histology. Significantly higher rates of carcinoma were reported in patients with complex atypical hyperplasia (86.95%) and EIN (13.04%). There was no patient who had simple atypia hyperplasia but whose pathology was endometrial cancer after hysterectomy.

Conclusion Complex atypical hyperplasia/EIN and postmenopausal status were significant predictors of concurrent endometrial carcinoma in patients with atypical endometrial hyperplasia.

Results Overall, 22 patients, SLN group (21, 95%), and LND group (1, 5%) were positive in 80% of cases. SLN mapping showed high negative predictive value (NPV) of sentinel lymph node biopsy.

Conclusion In the evaluation of 1122 patients who underwent endometrial biopsy due to abnormal uterine bleeding, endometrial hyperplasia and higher lesions were detected in 675 (60.16%) cases, and endometrial cancer was observed in 86 (7.66%) of these cases.

Introduction/Background Sentinel lymph node mapping (SLN) has emerged as a reliable alternative for endometrial cancer (EC) lymph node assessment. Numerous studies have shown that SLN is comparable to LND in both low- and high-risk EC patients, and that oncological outcomes are similar between the SLN and LND groups (1, 2). The 2020 National Comprehensive Cancer Network guidelines (3) recommend surgical staging in low- and high-risk EC patients. The advantage of SLN lies in pathological superstaging, avoiding overtreatment and undertreatment.

We did retrospective single-center study, to evaluate the detection rate and diagnostic accuracy of the SLN procedure in predicting pathological iliac lymph node status in patients with early-stage endometrial cancer from 1 April 2020 to 1 February 2022.

Methodology SLN assessment using cervical injection with green indocyanine administered to the cervix (superficial 1 cm and deep 1–2 cm, 4 ml in total) and systematic dissection of pelvic lymph nodes in patients with FIGO stage I-II endometrial cancer. All lymph nodes were histopathologically examined, and SLNs were serially negative predictive value (NPV) of sentinel lymph node biopsy.

Results Overall, 22 patients, SLN group (21, 95%), and LND group (1, 50%) allowing us to correlate the results of both techniques. SLN were positive in 6 cases (28.5%) and LND were positive in 80% of cases. SLN mapping showed high sensitivity of 100% and negative predictive value of 100%, in our results.