Methodology Patients who have endometrioid endometrial cancer stage IAG1/G2 and desire fertility preservation are selected. The patients receive transcervical hysteroscopic tumor resection under general anesthesia. Stryker’s 2.9 mm Rev360 hysteroscope is used. The uterine cervix is gradually dilated up to 8 using a Hegar dilator. The uterine cavity is distended with 3.0-L bags of 1.5% glycine under a gravity inflow of 70 mm Hg pressure. A 5-mm cutting loop electrode with 100 W of power is used to resect the tumor lesion until the myometrium underlying the lesion is visualized. Samples are subjected to histopathological examination. Postoperatively, the patients receive combined therapy of Medroxy Progesterone Acetate (MPA) 600 mg daily combined with Metformin for 12 months. The treatment is monitored by hysteroscopic targeted endometrial sampling every 3 months. Psychological support is provided to manage the risk of developing anxiety and depression.

Results Blood loss is minimal and uneventful post-operative recovery. The tumor histology and grading were confirmed and there is no lymphovascular space invasion noted in the final pathologic examination. The complete response to therapy is defined as the absence of disease on subsequent endometrial biopsy, and partial response if the disease is downgraded. No response is defined as who has no evidence of response, and progression is defined as the presence of a higher grade of cancer on biopsy. Also, obstetrical outcomes are noted.

Conclusion Farghaluy’s technique of hysteroscopic tumor resection followed by progestin and Metformin therapy for early-stage endometrial cancer is a safe conservative treatment strategy. It could be an option for young patients who wish to preserve fertility.