PREDICTION OF MALIGNANCY OF THE ENDOMETRIUM AMONG PREMENOPAUSAL WOMEN WITH ABNORMAL UTERINE BLEEDING: A RETROSPECTIVE, CROSS-SECTIONAL STUDY IN A TERTIARY HOSPITAL IN CEBU CITY, PHILIPPINES

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Abstract

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Introduction/Background The incidence of endometrial cancer has increased over the past years, with the age of onset younger than in the prior years. Although cancer is still more commonly diagnosed in postmenopausal women, it can also be found in younger reproductive age females. Measurement of endometrial thickness in postmenopausal women has been extensively studied to suggest who are at higher risk for malignancy. However, in premenopausal women, the endometrial thickness cut-off has been debatable.

Methodology This is a retrospective, cross-sectional study in a tertiary hospital. Among 552 patients admitted for abnormal uterine bleeding, 267 patients were premenopausal. Electronic medical records were reviewed. Patient characteristics studied were age, parity, body mass index, duration of bleeding, hypertension, diabetes, polycystic ovarian syndrome, family history of cancer and endometrial thickness. Binary logistic regression was used to identify the significant predictors and a mathematical model was developed to compute for the probability of malignancy. The discriminative ability of endometrial thickness as predictor of malignancy was quantified by computing for: sensitivity and specificity; positive and negative predictive values; positive and negative likelihood ratios; over-all diagnostic accuracy; and determining the area under the curve.

Results Among the 267 premenopausal patients with abnormal uterine bleeding, 55 had endometrial cancer. Body mass index and endometrial thickness were statistically significant predictors of malignancy with a p-value <0.05. This study proposes an endometrial thickness cut-off of 13.2 mm among premenopausal women in addition to body mass index as a predictor for endometrial malignancy with a specificity of 76.36% and sensitivity of 60.38%.

Conclusion Body mass index and endometrial thickness in premenopausal women with abnormal uterine bleeding are significant predictors of malignant endometrial pathology. A proposed endometrial thickness cut-off of 13.2 mm for premenopausal women in this study had the highest specificity and sensitivity in predicting probability of malignancy.

Disclosures There is no disclosure nor conflict of interest.

RISK FACTORS FOR Lymph ascites AFTER SURGERY FOR ENDOMETRIAL CANCER AND ASSOCIATION WITH Lymphoedema OF THE LEGS. A PROSPECTIVE LONGITUDINAL MULTICENTRE STUDY

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Abstract

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Introduction/Background The primary aim was to determine risk factors for lymph ascites 4–6 weeks after surgery for assumed early-stage endometrial cancer (EC) and secondarily to explore the association between lymph ascites and lymphoedema of the legs.

Methodology An observational prospective multicentre study, conducted in 14 Swedish hospitals enrolling 235 women; 116 underwent surgery including pelvic and para-aortic lymphadenectomy and 119 had surgery without. Lymphoedema was assessed using circumferential measurements of the legs pre- and one year postoperatively, enabling estimation of leg volume. A BMI-standardised leg volume increase ≥ 10% was classified as lymphoedema. The analysis of risk factors was performed using forward stepwise logistic regression with results presented as adjusted odds ratio (aOR) and 95% confidence interval (CI).

Results The demographic and clinical data are presented in table 1. Lymph ascites was found in 67 of 235 women (28.5%) 4–6 weeks postoperatively. Lymphadenectomy was an independent risk factor for lymph ascites (aOR 20.53; 95%CI 7.66–55.06) whereas the use of minimal invasive surgery (aOR 0.35; 95%CI 0.13–0.90) was associated with a lower risk. Lymphoedema occurred in 22 of 231 women (9.5%).