Conclusion Our study suggested that laparoscopic staging for high grade endometrial cancer has similar surgical and survival outcomes with laparotomy.

Disclosures None

#667 MANAGEMENT OF ENDOMETRIAL SEROUS CARCINOMA: A SINGLE INSTITUTE EXPERIENCE

Introduction/Background Serous endometrial carcinoma is a rare type of endometrial cancer accounting for about 10% of all endometrial neoplasms. It represents an aggressive tumor with a high risk of recurrence and poor prognosis. The management is based on a multimodal treatment combining surgery, chemotherapy, and radiotherapy.

Methodology We conducted a retrospective descriptive study including patients treated for endometrial serous carcinoma who underwent primary surgery at the salah azaiez institute over a period of 10 years from 2011 to 2021.

Results Twenty-five female patients were included in our study. The mean age was 67 years. Metabolic syndrome was found in 54.4% of patients. Clinical examination was normal in 90% of cases. The most frequent tumoral stage was IIIIC1 (36%). All of our patients underwent primary surgery, which was total hysterectomy and bilateral adnexectomy associated to pelvic lymph node dissection. More than half of patients (54.5%) had omentectomy, and only 36% had paraaortic lymphadenectomy. Regarding post-operative complications, lymphatic issues were the most frequent complications, with 63.6% of patients presenting lower limb lymphedema and 27.3% presenting lymphocele. Furthermore, one patient presented small bowel obstruction by flap and two patients had recto-vaginal fistula. On histologic examination, the average tumour size was 54mm, myometor was invaded in 90.9% of cases, uterine cervix in 72.2% and ovaries in 45.5%. As for nodal involvement, pelvic lymph nodes were invaded in 18.2% of cases and paraaortic lymph nodes in 9% of cases. Ninety-six percent of patients had adjuvant treatment, 54.2% had radio chemotherapy and 18% had brachytherapy. After a median follow-up of 86 months, 45.2% of patients presented locoregional recurrence, and 34.2% are alive with no signs of recurrence.

Conclusion Serous endometrial carcinomas are aggressive and have poor prognosis. Surgical management includes total hysterectomy, bilateral salpingo-oophorectomy, omentectomy and bilateral pelvic lymph node dissection which is considered as an important prognostic factor.

Disclosures None