

#662 COMPARISON OF LAPAROSCOPY AND LAPARATOMY FOR STAGING SURGERY FOR HIGH GRADE ENDOMETRIAL CARCINOMA

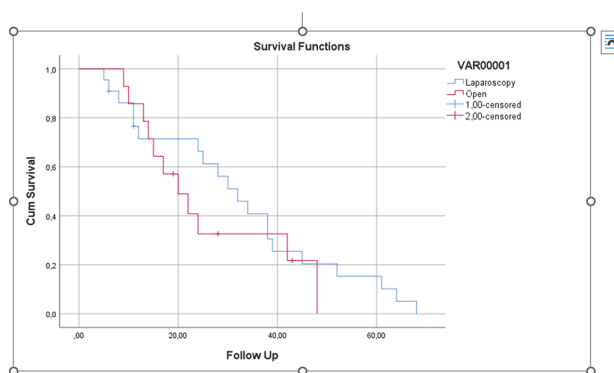
¹Selçuk Erkilinç*, ²Serhan Can Işcan. ¹Izmir Democracy University Buca Seyfi Demirsoy Education and Research Hospital, İzmir, Türkiye; ²Isparta City Hospital, Isparta, Türkiye

10.1136/ijgc-2023-ESGO.360

Introduction/Background Endometrial Cancer is the commonest malignancy in women. Surgery is the mainstay of the treatment of endometrial cancer. Sentinel lymph node concept reduced the morbidity of the treatment especially in well differentiated and early stage diseases. Although sentinel lymph node mapping can be used in high grade endometrial cancer full staging is usually preferred choice of the treatment by gynecologic oncologist. Serous and high grade endometrial malignancies have similar behavior with serous ovarian cancer. Since peritoneal dissemination is frequently observed in serous tumors laparoscopy should be performed prudently. In the current study we aimed to evaluate surgical outcomes of high grade endometrial cancer managed by laparoscopy and laparotomy.

Methodology The patients underwent staging surgery between 2018 and 2021 January were included to the study. Patients with high grade endometrial cancer that were achieved R-0 resection included to the study. A full staging procedure including hysterectomy, salpingo-oophorectomy, pelvic and para-aortic lymphadenectomy up to renal vein, omentectomy, peritoneal washing and peritoneal biopsy was performed. The patients were compared according to demographic, surgical and pathological variables.

Results Mean age was 61 and 66 in laparoscopy and laparotomy groups respectively. Median CA 125 was 16 and 10 in the LS and LT groups. Preoperative tumor diameter, operation time, pelvic and paraaortic lymph node count, hospital stay, postoperative complications including bowel, urinary system and pulmonary system were similar. Stage was also between LS and LT groups. Survival analysis revealed no difference in terms of overall survival between LS and LT groups. (log rank $p > 0.05$).



Abstract #662 Figure 1

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

¹Nayssem Khessairi*, ¹Lamia Najja, ¹Ons Krimi, ¹Fatma Saadallah, ¹Saida Sakhri, ²Ghada Sahraoui, ¹Riadh Chargui, ¹Tarek Ben Dhiab. ¹Surgery department, Salah Azaiez Institute, Tunis, Tunisia; ²Pathology department, Salah Azaiez Institute, Tunis, Tunisia

10.1136/ijgc-2023-ESGO.361

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 IIC1 (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 flange and two patients had recto-vaginal fistula. On histologic examination, the average tumour size was 54mm, myometrium 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