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 usuallay 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 uderwent 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, salpingooophorectomy, pelvic and paraaortic 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 tumour diameter, operation time, pelvic and paraaortic lymph node count, hospital stayi postoperative complications including bowel, urinary system and pulmonary system were similar. Stage were 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).

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 IIIC1 (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, myometer 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 salpingooophorectomy, omentectomy and bilateral pelvic lymph node dissection which is considered as an important prognostic factor.

Disclosures None