physician’s choice. Follow up and potential retroperitoneal recurrence of the disease was analysed.

Results From 2016 to 2023 16 women were surgically treated (7 low grade endometrial stromal sarcoma and 9 high grade endometrial stromal sarcoma) and only 5 patients underwent pelvic lymphadenectomy. In one case of high grade endometrial stromal sarcoma pelvic lymph nodes were positive, in all other cases lymph nodes were negative. In one case of high grade endometrial sarcoma the disease recurred after one year in pelvic lymph nodes. In all other cases there was no recurrence during follow up after surgical treatment, although there was no lymphadenectomy. In all cases of low grade endometrial stromal sarcoma, the lymph nodes were either negative in case of staging procedure or there were no signs of recurrence of the disease during follow up.

Conclusion According to literature and our data there is no indication to offer a systematic lymphadenectomy in apparent low-grade endometrial stromal. In case of high grade endometrial stromal sarcoma there is need for more studies aiming to determine the role of lymphadenectomy and sentinel lymph node biopsy. Retroperitoneal surgery should be limited in case of lymph nodes recurrences or primary pathological lymph nodes according to preoperative imaging or palpable intraoperative findings.

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