Results Out of 27 patients enrolled, successful mapping of sentinel node seen in 24 cases. No procedure related complication seen. 6 underwent delayed staging with dye injected in Infundibulopelvic ligament alone.

Detection rate 88.88%, sensitivity 83.33%, specificity 90.47%, PPV 71.4%, NPV 95%, False negative rate 16.6%. 3 cases upstaged due to ultrastaging.

Conclusion Sentinel node procedure is feasible and has potential to provide reliable and useful technique in resource constraint settings.

Disclosures NONE

ROLE OF INTRAOPERATIVE SENTINEL LYMPH NODES SAMPLING IN THE MANAGEMENT OF WOMEN WITH EARLY OVARIAN CANCEERS

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Introduction/Background Systematic paraaortic and pelvic lymphadenectomy is the standard of surgical staging in suspected early epithelial ovarian cancer, However, this procedure is associated with high morbidity. The concept of sentinel lymph node is to determine whether the cancer has spread to the first lymph node, If the sentinel node is negative for malignancy, then there is a high likelihood that the cancer has not spread to other lymph nodes, so if we can prove its accuracy, we can skip complete lymphadenectomy and its co morbidities.

Objectives To assess the feasibility and the accuracy of the sentinel node procedure in early ovarian cancer.

Methodology this is a prospective single-arm study included patients with presumed early stages epithelial ovarian cancer planned for staging laparotomy. After abdominal exploration and before removal of the ovary, 0.5 ml of methylene blue dye was injected on the dorsal and ventral side of the ovarian ligament and the infundibulo-pelvic ligament. The pelvic and lumboaortic retroperitoneum is then accessed and inspected to identify and remove the sentinel nodes, then staging is completed as usual including systematic pelvic and paraaortic lymphadenectomy.

Results 37 patients were included. Sentinel nodes were identified in 20 patients (detection rate, 54%). 3 patients had positive nodes out of 4 patients with lymphatic dissemination, (sensitivity, 75%) false-negative rate, 5%; negative predictive value, 93.7%, 3 (8%) intra- and 1 postoperative complication occurred.

Conclusion The detection of sentinel node in early epithelial ovarian cancer is low using blue dye alone. However, the sentinel node procedure is feasible and has the potential to provide reliable and useful information on nodal status and may allow the avoidance of systematic lymphadenectomy in the future.

Disclosures Nothing to disclose