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## Role of pelvic lymphadenectomy in stage 1A endometrial carcinoma diagnosed preoperatively by pelvic ultrasonography and CT scan

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**Introduction:** Endometrial cancer is the commonest gynecological cancer mostly affecting women in the postmenopausal age group. There is a debate regarding the need of pelvic lymphadenectomy in managing stage 1A diagnosed preoperatively, we try to evaluate this need.

**Objective:** To evaluate the role of pelvic lymphadenectomy in stage 1A endometrial carcinoma diagnosed preoperatively by pelvic ultrasonography and CT scan as microscopic invasion of pelvic lymph nodes will not be seen by this imaging technique.

**Methods:** 60 cases of endometrial carcinoma diagnosed by fractional curettage and proved to be stage 1A preoperatively by clinical examination, vaginal US and CT scan (negative myometrial invasion, ascites, LN spread and local spread) underwent total abdominal hysterectomy with salpingo-oophorectomy, peritoneal wash for cytology, omentectomy and pelvic lymphadenectomy (external iliac and obturator groups) after written informed consent. Histopathology of the uterus, tubes, ovaries, omentum and cytology of peritoneal wash were done for surgical staging, in addition histopathology of pelvic LN was done.

**Results:** Histopathology of the cases revealed the following: 52 cases were endometrioid adenocarcinoma distributed as follows: 10 patients were grade 1, 35 patients were grade 2 and 7 patients were grade 3. Eight cases were serous papillary adenocarcinoma, 3 of them were grade 1 and 5 cases were grade 2. As regards myometrial invasion 9 cases of endometrioid carcinoma show invasion, 1 of grade 1, 3 of grade 2 and 5 of grade 3 in comparison to 4 cases of papillary serous adenocarcinoma 1 of grade 1 and 3 of grade 2, so 13 cases have been proved by histopathology to have myometrial invasion. As regards histopathology of pelvic LN 12 cases out of 60 have been proved to have metastatic lesion.

**Conclusion:** There is no need for lymphadenectomy in stage 1A diagnosed preoperatively using CT scan and vaginal US, preventing high risk surgical intervention in this early stage.

### Biography

Hossam El Sokkary is a Lecturer of Obstetrics and Gynaecology, Alexandria University, Alexandria, Egypt. He was Obstetrics and Gynaecology Residents at El Shatby Alexandria University Hospital, Alexandria, Egypt from 20 October 1996 to 19 October 1999. He was Assistant Lecturer from 4 January 2004 to 22 September 2008.

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