

Summary

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Endometrial carcinoma is a major health problem in industrialized countries. In 2007, 39,000 new cases and 7,400 deaths occurred in the USA alone.

In addition to the histological type and grade of endometrial cancer, lymph node status is a major prognostic factor and a decision criterion for adjuvant therapy. However, lymphadenectomy carries a risk of severe complications, especially in women with endometrial cancer, who often have comorbidities such as obesity, hypertension, and diabetes.

The aim of our study is to determine the histopathological correlation between the sentinel lymph node and the rest of the pelvic lymph nodes in cases of **grade 1 stage 1A endometrial carcinoma** for tailoring the further surgical management regarding lymph node dissection

The sentinel lymph node mapping technique has emerged as an approach to determine the extent of nodal dissection.

This study included 20 female patients of stage I (1a, 1b) grade I endometrial carcinoma for whom patent blue dye lymphoscintigraphy intraoperatively was used as a lymphatic mapping technique for detection of the sentinel lymph node then excision of sentinel lymph node followed by complete pelvic lymphadenectomy. All specimens were histopathologically assessed to show the correlation between the sentinel lymph node and the other pelvic lymph nodes.

The results of the study showed that:

- The risk of lymph node involvement in grade 1 endometrial carcinoma is very low 5.88% (1/17)
- Detection rate of sentinel lymph node was 85% using the blue dye as a lymphatic mapping technique.
- No false negative results i.e no negative sentinel lymph node and positive pelvic lymph node for metastasis (100% accuracy).
- The site of the sentinel lymph node was located in the obturator lymph nodes (8 cases) , external iliac lymph nodes (4cases), internal iliac lymph nodes (5 cases) & non-visualized in 3 cases and no para aortic sentinel lymph node was detected.

The results of this study give good support to the technique of sentinel lymph node mapping as an alternative to complete pelvic lymphadenectomy with its complications in cases of grade I stage IA endometrial carcinoma with negative metastasis in the sentinel lymph.