No significant differences between the LPS group and the LPM group were found in the mean body mass index (31.4 vs 31,7 kg/m2 respectively; p=0,66), the mean operating times (213,6 +/-105,6 vs 119,2 +/- 79,7 minutes; p=0,92), the mean removed pelvic nodes (17,48 nodes, (8-29) vs. 16,38 nodes, (7-29) (p=0,95) and the mean removed paraaortic nodes (12,24 nodes (6-32) vs 19,15 nodes (9-51) respectively) (p=0,46). Mean postoperative hospital stay was significantly shorter for the LPS group (3,61+/-2,9 vs 5,84 +/- 2,6 days, p <0,01). Similar complications and reintervention rate were reported in both groups.
We found paraaortic node affectation in: 45,4% stage III-IV; 25% when pelvic nodes were positive; 20% for high risk endometrial cancer; 17,2% with lymphovascular infiltration; 14,2% with tumour size bigger than 50 mm.; 9% for histologic type II; 7,1% with high grade (G3); 6,5% when miometrial invasion was more than 50%; 5,8% for histologic type I; 1,7% when histologic grade was G1 or G2 and only 1% when miometrial invasion was less than 50%.

Conclusions

The laparoscopic surgical staging for endometrial cancer has more advantages over the open approach. Advanced stages, lymphovascular infiltration and big tumour size were the risk factors which mostly defined paraaortic node affectation. In 5,8% of cases with positive paraaortic affectation, no pelvic nodes were positive (jump).
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ES23-0236
Posters

OUTCOMES OF TOTAL LAPAROSCOPIC HYSTERECTOMY: IMPACT OF UTERINE SIZE
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Objectives

To analyze surgical results of women having total laparoscopic hysterectomy to determine whether differences in outcomes exist on the basis of uterine size.

Methods

A retrospective chart review of women who underwent total laparoscopic hysterectomy with or without, salpingectomy or salpingo-oophorectomy: 220 cases performed from April 2012 and February 2014 were analyzed, women having lymphadenectomy were excluded. Clinical, demographic and surgical data where stratified by uterine weight: less than 250 g (n= 116) and 250g or more (n=104). Deviation from a normal intra-perioperative course and readmission were compared between two groups. Complications were graded by Dindo morbidity scale.

Results

Median age of patients in two groups was 53y in the first and 49y in the second group. Two groups were different in menopause state (50,9 % of the patients in the first group vs 9.6 % of the patients in the second group) and co-morbidity such as hypertension (25.9% vs 15.4%), heart disease (6.0% vs

1%), and surgical indication: fibromatosis (44.8% vs 89.4%) and endometrial carcinoma (25.9% vs 2.9%).

Median operative time was 110’ for uteri < 250 g (range 45’-210’) and 120’ for uteri ≥ 250g (range 60’-218’). Mean extimated blood loss was respectively 31 ml (range 10-300 ml) and 67 ml (range 10-500ml). Median length of hospital stay was similar in two groups 2 days(range 2-6 days) in the first group and 2days (range 1-14 days) in the second one.

Mean uterus weight was 142g (20-246g) and 492g (range 250-1800g).

Life threatening (Dindo IV) complications did not occurred, complications requiring surgical intervention and general anesthesia (Dindo IIIB) occurred in 1 patient (0.9%) in the group of uterus < 250g (cuff dehiscence) and in 1 patient (1.0%) in the group of uterus ≥ 250g (ureteral stenosis). Surgical intervention not requiring general anesthesia (Dindo IIIA) occurred in 3 patients (2.6%) of the first group (1 wound bleeding, 1 vaginal cuff bleeding, 1vaginal laceration)

Dindo II complications occurred in 8 patients (6.9%) of the first group (5 urinary infection, 1 infection of the cuff, 1 urine retention, 1 atrial fibrillation) and in 9 patients (8.7%) of the second group (4 urinary infections, 1 infections of the cuff, 1 cuff dehiscence, 1 wound infection and 2 other infections).

Dindo I complications occurred in 6 patients (5.2%) with uterus < 250 g and in 4 patients (3.9%) with uterus ≥ 250g.

Readmission was necessary in 4 patients (3.5%) of the small uterus group and 3 patients (2.9%) of the other group.
Blood transfusions were necessary in 2 patients (1.9 %) with uterus ≥ 250g

Conclusions
Laparoscopic hysterectomy is feasible and safe, with minimal blood loss and operating time, few complications resulting in a short hospital stay regardless of uterine weight
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Posters

UTERINE LEIOMYOSARCOMA DIAGNOSED BY OPERATIVE HYSTEROSCOPY
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Objectives

Postmenopausal bleeding (PMB) is a stressful complaint that needs to exclude uterine malignancies. However, PMB may have a benign origin. Leiomyosarcoma, accounting for 2% to 5% of all uterine malignancies, is a rare tumor arising from uterine smooth muscle.

Methods