

# Surgical Approach for Endometrial Cancer: Open versus Total Laparoscopic Hysterectomy.

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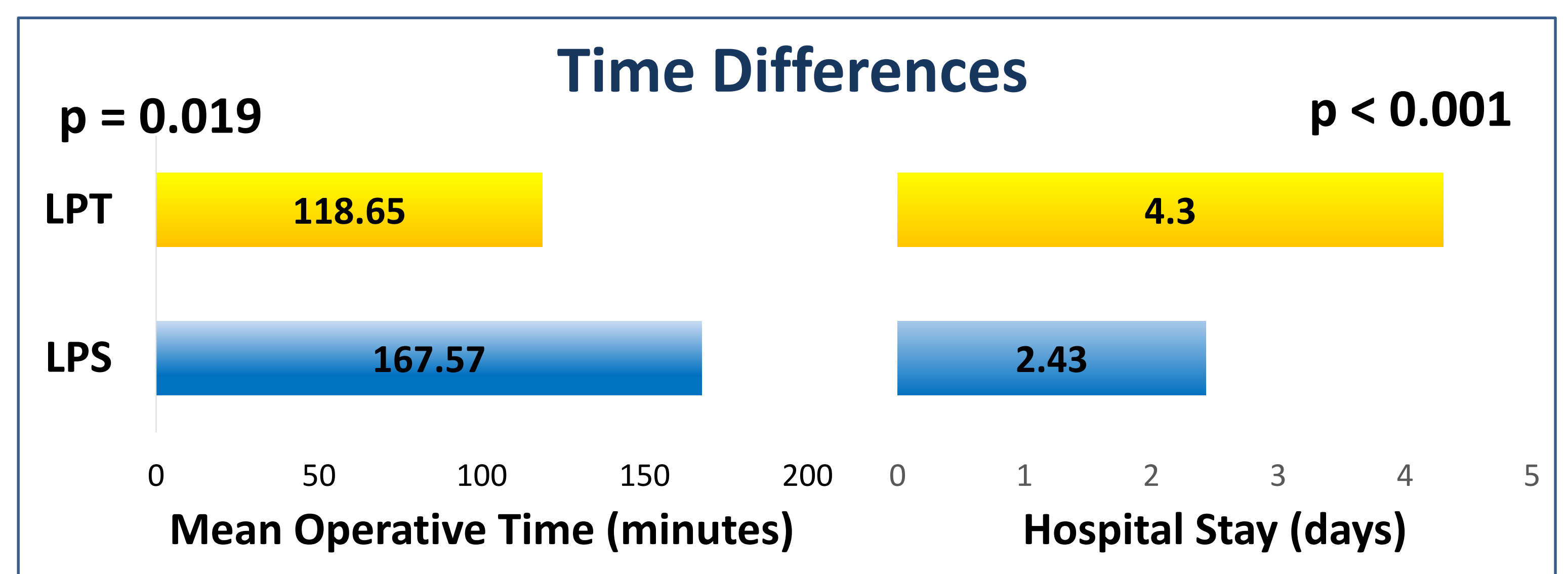
**Objectives:** Endometrial cancer (EC) is the most common gynecological malignancy in developed countries. It's frequently diagnosed at an early stage, allowing great outcomes after surgical treatment. Previous studies demonstrated several advantages of minimal invasive approach like less hospital stay, better visualization or less post-operative complications, with the same oncological outcomes. The aim of this study was to compare two different surgical approaches for total hysterectomy in EC patients.

**Methods:** Retrospective study of EC patients who underwent total hysterectomy and bilateral salpingo-oophorectomy by laparoscopy or open surgery, between 2017 and 2019, in an oncological center. Demographic variables and surgical outcomes were compared.

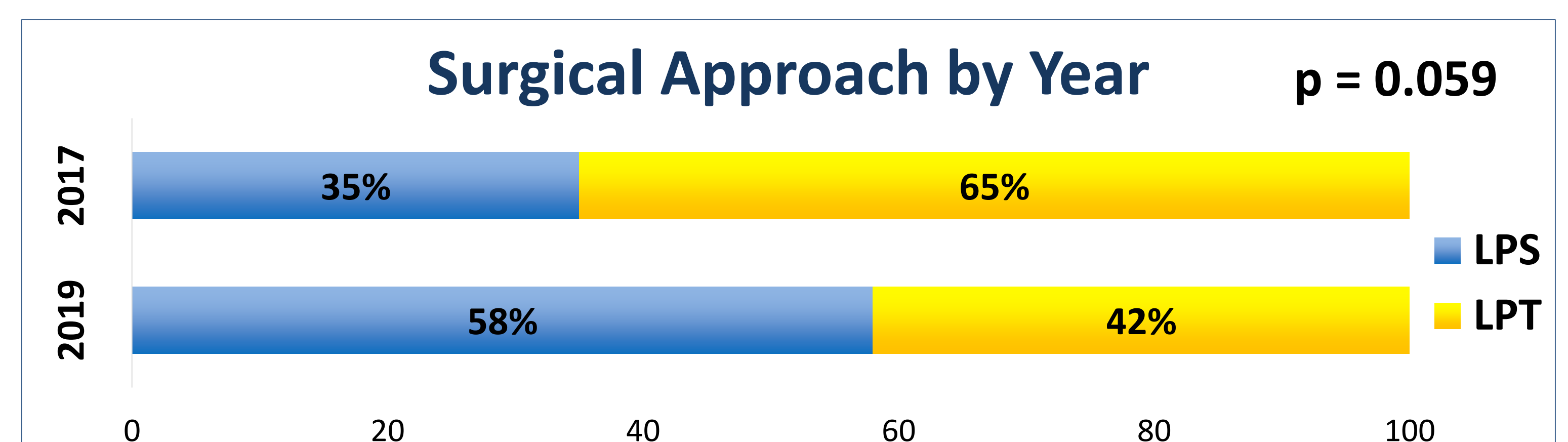
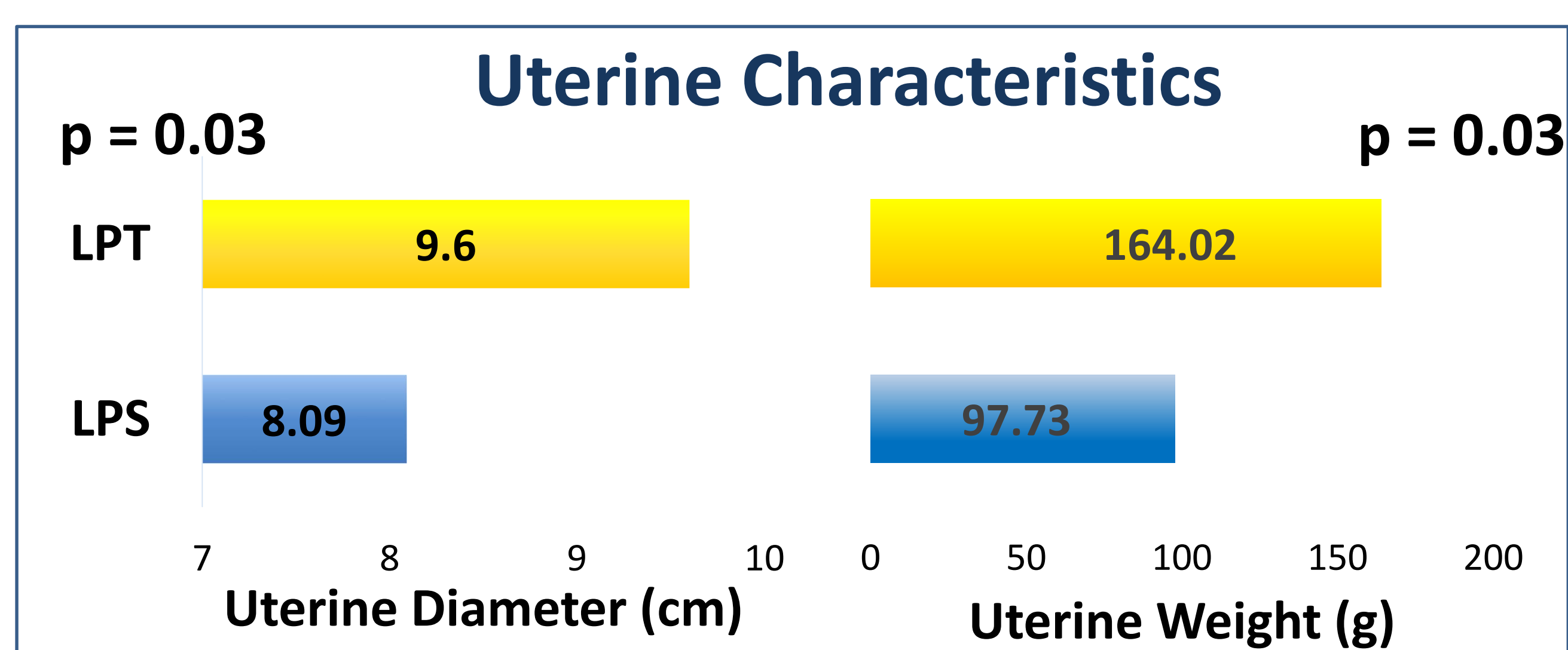
## Results

**N = 91 patients with EC**  
**Laparotomy (LPT) - 54 VS Laparoscopy (LPS): 37 patients**

| Patients Characteristics      | Surgical approach |            | p-value      |
|-------------------------------|-------------------|------------|--------------|
|                               | LPS               | LPT        |              |
| Age (mean)                    | 64y               | 69y        | NS           |
| BMI (mean) kg/m <sup>2</sup>  | 32                | 33         |              |
| Parity                        | 2                 | 2          |              |
| Previous abdominal surgeries  | 0                 | 0          |              |
| Comorbidities (nr)            | 2                 | 2          |              |
| <b>Performance Status = 0</b> | <b>92%</b>        | <b>70%</b> | <b>0.016</b> |



| Complications               | LPS       | LPT                             | p-value |
|-----------------------------|-----------|---------------------------------|---------|
| <b>Intraoperative</b>       | 0         | 1 (1.85%)<br>bladder laceration | -       |
| <b>Laparo-conversion</b>    | 5 (13.5%) | -                               | -       |
| <b>Post-operative</b>       | 1 (2.7%)  | 9 (16.67%)*                     | 0.037   |
| <b>Hospital Readmission</b> | 0         | 5 (9.26%)#                      | 0.021   |



\* Abdominal infection (3), wound dehiscence (4), rectovaginal fistulae (1), pulm. Thromboembolism (1)

# abdominal abscess (3), correction of the rectovaginal fistulae (1), correction of wound dehiscence (1).

## Conclusions:

- EC patients were typically obese with several comorbidities → difficult surgical treatment.
- Open surgery was preferred in bigger uterus, with less operative time; Laparoscopy take advantage in hospital stay and peri-operative complications.
- Assuming the same oncological outcome, described in several previous studies, **laparoscopy should be the preferential surgical approach in endometrial cancer patients.**

**Conflict of interests:** The authors declare no conflict of interests