HYSTEROSCOPIC ENDOMETRIAL RESECTION IN EARLY ENDOMETRIAL CANCER

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Introduction

Endometrial cancer is considered as one of the most frequent gynecological malignancies. In recent years, its frequency has grown globally. At stage I, endometrial cancer is commonly identified meaning that the tumor is limited only to the uterus. The standard surgery for those patients is total abdominal hysterectomy.

Over time, other several therapeutic approaches have been used in inoperable women, including hysteroscopic endometrial resection.

The present research objective was to determine the efficacy of hysteroscopic endometrial resection as a conservative treatment of the early-stage cases of endometrial cancer in high surgical risk patients.

This study was performed on a group of 15 diagnosed patients of early endometrial cancer FIGO stage IA. The participants were attending at El Shatby maternity hospital from January 2021 to December 2022 in order to assess the efficacy of hystroscopic endometrial resection on the disease's outcome.

Aim of the Work

This study's aim was to determine the efficacy of hysteroscopic endometrial resection as a conservative treatment of early stage cases of the endometrial cancer in females facing a high surgical risk.

Patients and Methods

The study was conducted on 15 patients with early endometrial cancer (FIGO stage IA).

Inclusion Criteria:

1. Age between 18 and 65 years.
2. Features of early endometrial cancer confirmed by ultrasound:

•No Enlarged uterus •Homogenous Endometrim •No Myometrial invasion.

3. Histologically confirmed well differentiated endometrioid type I endometrial adenocarcinoma.
4. No evidence of extra-uterine metastasis following clinical evaluation and CT staging.
5. No myometrial infiltration (excluded by MRI).
6. Patients unfit for surgery.

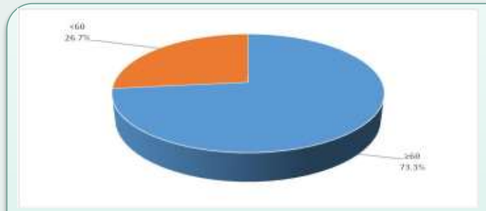
Exclusion Criteria:

1. Pregnancy.
2. History of concomitant or previous malignancy in the last 5 years.
3. Immunocompromized.
4. Staging more than FIGO stage IA endometrial cancer.
5. Grade 2 or more endometroid adenocarcinoma.
6. Type II endometroid cancer.

The study was conducted on a group of 15 patients diagnosed to have early endometrial cancer FIGO stage IA attending at El Shatby maternity hospital from January 2021 to December 2022 to assess the efficacy of hystroscopic endometrial resection on the outcome of the disease.

- The patients was diagnosed by D&C biopsy, US.
- CT scan was done to exclude any metastasis.
- MRI was done to exclude myometrial invasion.
- The procedure (endometrial resection) was decided according to Figo endometrial stging and ASA physical status.
- The patients were then followed up clinically and by ultrasound for one year to asses recurrence, survival rate and other complications.

Results



Age was ranged between 54 - 65 years with mean value 58.87 ± 3.378 years. BMI was ranged between 29-44 kg\m^2 with mean value 35.20 ± 5.158 kg\m^2.

This table shows Surgical high-risk factors of the studied group and it shows that 5 cases had Uncontrolled Diabetes mellitus, 4 cases had Respiratory failure, 4cases had myocardial infarction, 3 cases had Chronic renal failure, 2 cases had hypertension, 2 cases had Previous stroke, 2 cases had Recent thromboembolism, 2 cases had Atrial fibrillation, 1 case had Chronic obstructive pulmonary disease, 2 cases had Obstructive sleep apnea syndrome and 3 cases had obesity.

Surgical high-risk factors	Number	Percent
Uncontrolled Diabetes mellitus (DM)	5	33.3
Respiratory failure (RF)	4	26.7
Myocardial infarction	4	26.7
Obesity	3	20.0
Hypertension (HTN)	3	20.0
Previous stroke	2	13.3
Recent thromboembolism	2	13.3
Chronic renal failure (CRF)	2	13.3
Chronic obstructive pulmonary disease (COPD)	2	13.3
Obstructive sleep apnea syndrome (OSAS)	2	13.3
Atrial fibrillation (AF)	1	6.7

This table shows follow up outcome of the studied group and it shows that 10 cases did total abdominal hysterectomy after becoming fit for surgery and 5 cases died with Renal failure, 1caes died with Cardiac Failure, 1case died with thromboembolism and 1 case died with sepsis.

	Number	Percent
Total abdominal hysterectomy (TAH)	10	66.7
Died	5	33.3
Renal failure	2	13.3
Cardiac Failure	1	6.7
Thromboembolism	1	6.7
Sepsis	1	6.7
Total	15	100

Conclusion

According to our findings, high surgical-risk women who underwent hysteroscopic endometrial resection and had stage I endometrial carcinoma with or without minor myometrial invasion did not experience any recurrence after a year of follow-up. Throughout the follow-up period, most of these women had their clinical conditions managed properly. That was for allowing them to undergo the total hysterectomy as a definite treatment. We suggest that for some early endometrial cancers, skilled hysteroscopic endometrial resection may be a temporary suitable alternative to total hysterectomy in certain situations such as women with a high surgical until improvement in their clinical state.