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### **Intra-operative pelvic sentinel lymph node examination by imprint cytology in endometrial cancer**

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**I**ntra operative diagnosis of endometrial cancer metastasis in pelvic lymph node is desirable for accurate staging and to avoid second operation for lymphadenectomy or postoperative pelvic radiotherapy especially in endometrial cancer obese patients where lymphadenectomy is difficult with associated intra and postoperative morbidity. Imprint cytology is an easy, popular, simple, rapid and has a good sensitivity.

**Method:** thirty patients admitted with endometrial cancer for surgery where methylene blue dye labeling was used for detection of sentinel lymph node. Immediately after obtaining the nodes and prior to adding them in a fixative agent, each specimen was imprinted on several glass slides, fixed immediately and stained with hematoxylin and eosin then, cytological results were reported as suspicious for malignancy, negative for malignancy

and unsatisfactory. Histological examination of the permanent sections was carried several days later.

**Results:** the imprint cytology resulted in 12 cases with free nodes, 16 cases with malignant ones and 2 unsatisfactory cases while permanent histopathology resulted in 15 cases with no metastasis and 15 cases with malignant ones. The concordance between imprint cytology and paraffin sections was 90% (27 of 30). The sensitivity and specificity of imprint cytology in detecting malignancy were 88% and 92% respectively.

**Conclusion:** Imprint cytology is relative simple, cheap and easy technique that can allow the pathologist to render an intraoperative diagnosis of metastatic sentinel lymph node for selective or systematic lymphadenectomy.

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