Endometrial cancer is the most frequent gynaecologic malignant disease in developed countries. It represents 6% of all malignancies in women, the fourth most common form of cancer in women in the U.S. and the second in Spain after breast cancer. This type of cancer occurs in women both in the reproductive period and during postmenopause. Most cases, between 69-75% are diagnosed at FIGO Stage I.

Although surgery, hysterectomy with double adnexectomy, remains as the treatment of choice with a survival of around 75-90% at 5 years in cases of early diagnosis, there is a subgroup of women with high surgical and/or anesthetic risk who would benefit from a less aggressive approach. Given the pathophysiology of this type of cancer, treatment with progestogens arises as a safe and effective option. Local and regular administration of levonorgestrel by Mirena IUD © is presented as a therapeutic alternative for this subgroup of inoperable patients, avoiding the adverse effects associated with the use of systemic progestogens, more dangerous for this group of patients with high comorbidity.

We report eight patients diagnosed with endometrial adenocarcinoma FIGO stage I -with criteria of inoperability due their associated medical disease-, who have been treated with Mirena IUD© and regularly monitored in our department. Except two patients (25%) who were operated because of persistence of histology and clinical symptoms, the rest of the six patients (75%) did not need further treatment measures, remaining asymptomatic with stable or regressive disease with this method of treatment.

This report of cases brings the possibility of having a safe and effective treatment for women with endometrial cancer FIGO stage I for which surgery poses a significant risk to their survival and health because of their comorbidity.