Endometrial cancer is a malignant tumor that may be hormonally dependent or manipulated by hormonoterapie. There is the 5th most widespread cancer in women in menopause and the most common cause of death among gynecologic cancer. This study is conducted based on clinical essays Cochrane groups, Medline, GLOWM, e-cancer.fr, Medscape, e-gmit.com.

Risk factors are grouped into two categories: 1. Hiperestrogenia endogenous estrogen-producing tumors, SOPK, Lynch syndrome, history of menstruation, nulliparity, infertility, obesity, diabetes mellitus. 2. Relative exogenous hiperestrogenia, estrogentherapia without opponents, tamoxifen, Progesterontherapie with insufficient doses.

Protective factors: smoking, combined oral contraceptives, regular ovulation, multiparity.

Were analyzed endocrine aspects of endometrial adenocarcinoma and endocrinologycal patients affected by endometrial cancer. Was assessed clinical profile, histological classification, histological grades (FIGO). We have analyzed the types of expansion and diagnostic. Who must be investigated and what methods.

Laparoscopic diagnosis by Santinel lymph node for EC. Laparoscopic method as the optimal method in patients with comorbidities, greater accuracy in diagnosis, which consequently improves the treatment and prognosis.