
DIFFERENTIAL DIAGNOSTICS OF PELVIC ACTINOMYCOSIS WITH ADVANCED GYNAECOLOGICAL CANCER

Bakhidze E.V., Ourmantcheeva A.F., Mirzabalayeva A.K., Dolgo-Saburova Ju.V., Shashkova N.G.
Prof. N.N.Petrov Institute of Oncology, Institute of Medical Micology, St.-Petersburg, Russia

Objective: *Actinomyces* is filamentous gram-positive anaerobic bacterium. Clinically, actinomyces can mimic malignancy. The differential diagnosis with carcinoma is difficult. The aim of our exploration is definition of history's clinical pathological and biological analyses' significance.

Methods: We analysed all the records of 9 women (mean 43,2 years). 4 of them had intrauterine devices (IUD) for the previous 4-8 years. All patients presented leucocytosis, fever, anaemia. The clinical examination showed a palpable hypogastric mass. Ultrasound and computed tomography showed an unilateral or bilateral large mass arising from adnexum, adherent to the uterus and compressing the urinary bladder with peritoneal carcinomatosis.

Results: A preoperative diagnosis of advanced ovarian cancer was made. Laparotomy revealed a large inflammatory mass involving uterus, adnexa and other pelvic structures. Bilateral salpingoophorectomy and total abdominal hysterectomy were performed. After pathological analyses, actinomyces was diagnosed (was detected specific actinomycotic granuloma). All patients were treated postoperatively with ampicillin.

Conclusions: Pelvic actinomyces is a rare inflammation which clinically and radiologically can successfully mimic ovarian cancer. Differential diagnosis is difficult but some symptoms such as leucocytosis, fever, history of IUD use, absence of serum tumor markers, typical inflammatory appearance during surgery should prompt a diagnosis of actinomyces. An intraoperative frozen section should be obligatory for all patients. Culture methods of diagnosis, Gram-Weigert staining, hematoxylin staining should be used followed by histological verification.

EARLY OVARIAN CANCER'S POTENTIALS AND LIMITATIONS OF ORGAN – PRESERVING TREATMENT

Bakhidze E. V., Hulo E. I., Maximov S. I.
Prof. N. N. Petrov Institute of Oncology, St.-Petersburg, Russia

Objective: The number of the cases of early ovarian cancer is determined with improvement of diagnostic methods, so working up of organ-preserving treatment is actual. There is no common opinion for managing of early ovarian cancer as yet.

Method: Our study was carried out in 176 women bearing borderline and malignant tumors of ovaries stage 1 and treated since 1980 till 1995 in the department of gynecological oncology. 46 of them were treated by organ –preserving methods and other 130 underwent radical surgery.

Results: The study revealed no difference in the results of treatment stage 1 a,b patients due to the method and showed the dependence of outcome from histological type of tumor. The worst results were reached in stage 1c tumors with low degree of morphological differentiation. Adjuvant chemotherapy did not influence survival.

Conclusion: The question about potential use of preserving surgery: bilateral salpingoophory with preserving the uterus is discussed in connection with high risk tumor recurrences in reserved ovary (in 2 of 28 patients of fertile age). Modern achievements in reproduction technologies allow to discuss different variants of sparing treatment, that can be fulfilled only in large centers with adequate staging and monitoring.