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## **ONCOPLASTIC VARIATIONS IN OPERATIVE TREATMENT IN pT2 - MAMMACARCINOMAS**

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*We retrospectively reviewed 156 cases of pT2-mammary carcinomas (Tumorsize 2-5 cm) who were treated between 01.01.93 and 01.10.97 in our hospital. We evaluated in how many cases and with the usage of which techniques we were able to perform breastconserving surgery. With this tumorsize we almost exclusively used oncoplastic mammoplasties and flaptechnics which were shaped individually depending on the modality tumorspread, the size of the breast and the personal wishes of the patient. With this method of altering the treatment according to the needs of the individual depending on the tumorsize and tumorlocation and including adjuvant therapies as radiotherapy and chemotherapy, we were able to save the breast in 106 (67.9%) of all patients with pT2 - Tumors.*

**Conclusion:** *At our hospital we are able to offer many of the patients with pT2 mammary carcinomas. who are usually still often treated with ablation of the mamma, breastconserving procedures. We do this with the help of individualized patientorientated and tumoradaptive treatmentplans and linked with the departments of radiotherapy and chemotherapy.*

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## **THE USE OF DOPAMINE FOR TREATMENT OF SEVERE OVARIAN HYPERSTIMULATION SYNDROME**

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**Objective:** *To assess the performance of low-dose dopamine treatment for severe ovarian hyperstimulation syndrome (OHSS). Design: Prospective descriptive study.*

**Method:** *Eight patients suffering from severe hCG-induced OHSS were included.*

**Results:** *All cases of severe OHSS were characterized by ascites, pleural effusions, excessive hemoconcentration, hypovolemia, hypercoagulation, renal insufficiency with oliguria and elevated serum creatinine and urea concentrations and liver insufficiency with elevated transaminases levels. Serum estradiol concentrations were 2500- 11000 pmol/l. The ovaries were 12-25 cm in diameter and contained multiple lutein cysts. Treatment of severe OHSS included meticulous fluid and electrolyte balance until hemoconcentration abated and hematocrit was less than 0,4 g/l. All patients were administered an intravenous low-dose dopamine. The use of dopamine led to improvement of renal perfusion, high urine flow and reduction in ascites. No adverse events were observed during administration of dopamine.*