
LYMPHATIC CYSTS RESULTING EXTENDED SURGICAL TREATMENT FOR UTERINE AND CERVICAL CANCER

Maximov S. I., Simonov N. N., Oleinik V.V.

Prof. N. N. Petrov Institute of Oncology, St.-Petersburg, Russia

Objective: *The study analyzes the incidence and management of postoperative lymphatic cysts.*

Methods: *The information about 544 cervical cancer patients and 549 patients with uterine cancer who underwent advanced surgical treatment in the department of gynecological oncology of Petrov institute was included.*

Results: *Outstanding place in the structure of surgical complications hold lymphatic retroperitoneal cysts - 126 cases (11,5%). The patients with locally advanced disease (T2 vs T1), metastatic involvement of the pelvic lymphatic nodes and patient after preoperative radiation are at the great risk of the development of this complication. Its rate was increased in 5 times after dissection of Pirogov - Rosenmuller - Kloke node. In patients with no involvement of pelvic regional lymphatic nodes the refusal to remove it significantly decrease the incidence of this complication.*

Conclusion: *The best way of prevention of cyst development was vacuum retroperitoneal draining and leaving "peritoneal frames" (at the absence of the signs of infection and good haemostatic control). The sonography of the pelvis on day 7-9 after extended surgery is strictly indicated to exclude this complication. Conservative treatment of lymphatic cysts was effective in 71,4% of the cases. The large dimensions of the cyses (more then 8 sm in diameter) need to be treated surgically.*

NEOADJUVANT AND SYSTEMIC PLATINUM CONTAINING CHEMOTHERAPY IN LOCALLY ADVANCED AND RECURRENT CARCINOMA OF THE CERVIX UTERI

Maximov S. J., Katyshev A. V., Guseinov K. D.

Prof. N. N. Petrov Institute of Oncology, St.-Petersburg, Russia

Objective: *Locally advanced or recurrent cervical cancer is highly responsive to treatment. Radiation therapy is the mainstay of treatment for patients with this cancer. The role for chemotherapy is as yet unproved and is currently under investigation in the management of these conditions. The rational for neoadjuvant chemotherapy is to induce sufficient tumor response and volume reduction before the tumor vascular supply is compromised by extensive radiation. It is also hoped that it would help reduce and control distant metastases. Also often the only possible treatment available for patients who have recurrent disease or those who present with primary metastatic disease is systemic chemotherapy. The aim of our study was to evaluate the efficacy of chemotherapy in these patients.*

Methods and materials: *22 patients with histologically proven primary or recurrent cervical carcinoma were treated with platinum containing chemotherapy in our department. Median age was 49 years, (range 29 - 68). They received mean 2,8 cycles of chemotherapy (range 1-5). 21 patients were available for response. Two women were lost to follow-up for response.*

Results: *Among the patients with primary cervical cancer who received neoadjuvant chemotherapy and were available for response (9 pts), 7 (78%) showed partial response, 1 (11%) had complete response and one demonstrated stable disease. 56% (5 pts) of all these women underwent surgical treatment after neoadjuvant chemotherapy. Among the patients with recurrent disease 11 were worth for response (all of them previously received radiation treatment), 2(18%) had partial response, 3 (27%) had progressive disease and 6 (55%) of them showed stable disease.*

Conclusions: *Platinum containing chemotherapy for cervical cancer is very effective as primary treatment. The efficacy of systemic chemotherapy in recurrent patients primary treated with radiation therapy is uncertain and requires more careful study. Our investigation is at the very beginning and it needs more patients for response and survival information to make a serious conclusion.*