LAPAROSCOPY AS METHOD OF EARLY REVEALING OF OVARIAN CANCER

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Objective: *It's difficult to diagnosed ovarian cancer in early stages because of unremarkable symptomatology. Than we investigated patients with small pelvic tumors which would be suspicious by cancer of ovary by clinical admission or ultrasonography (US).*
Methods: *278 patients with small pelvic tumors in bounds from 2 to 8 cm were investigated by laparoscopy. Age of patients was from 18 to 83 years old. Majority of patients was older 50 years (53%).*
Results: *From 278 patients in 78,5% cases were revealed tumors of ovaries, in 10,4% - myoma of uteri, in 3,2% - nongynecological tumors and in 7,9% - without pathological features. Malignant tumors of ovary were revealed in 19 patients (6,8%). Borderline tumors of ovaries were diagnosed in 5 patients, cancer of ovaries stage IA according to FIGO clinical staging was observed in 5 patients , in 4 patients - cancer of ovaries stage II, in 3 patients - cancer of ovaries stage III and 2 patients – cancer of tube uterine. It's interesting that 2 patients with negative features of gastrocolic omentum have metastases on diaphragm.*
Conclusions: *It could be point that laparoscopy is significant method of differential diagnostics of tumors of ovaries.*

THIRTY YEARS EXPERIENCE OF A NATIONAL PROGRAM FOR RESUSCITATION OF ASPHYCTIC NEW-BORN INFANTS IN SWEDEN

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In 1970 a national program for resuscitation of new-born infants was established. This has than been revised 3 times last in the year 1997. The fundamental principles of the program has however remained unchanged. These are: Restricted use of oropharyngeal suction, in case of absent spontaneous breathing assisted ventilation is started 30-60 sec after birth by bag and mask ventilation using a soft round face mask and a selfexpanding bag. Assessment of the effectiveness of assisted ventilation is made by recording heart rate. In case heart rate is > 100 beats / min. the ventilation procedure is unchanged and continued until regular spontaneous breathing occurs. Only in cases with persistent bradycardia more than 2 min. after birth ventilation using endotracheal intubation is used..
Study 1: *During one year all infants needing resuscitation in Sweden were investigated. Results: Out of 1154 infants with a birth weight > 2,5 kg 971 (86 %) were treated with bag and mask ventilation or cutaneous stimulation only. Endotracheal intubation was performed in 144 infants (13 %) . No information on method of ventilation in 1 %. Buffer therapy was given in 105 cases (9%). In all infants (N=1663) the time to onset of regular spontaneous breathing was less than 10 min. in 1042 infants (85 %). Sixty-five infants (4 %) started spontaneous breathing after more than 20 min. Of them 28 died and 23 had long lasting convulsions.*
Study 2: *Term infants with Apgar score 0-7 at 5 minuets (N=262) were examined. Out of 167 (57 %) had been resuscitated with bag and mask or cutaneous stimulation only. and at follow up 159 (95 %) were alive and normal. Endotracheal intubation was performed in 30 children, 24 (80%) were alive and normal. External cardiac massage was given to 16 infants, 14 of them were alive and normal . Hypoxic ischemic encephalopathi (HIE) degree 2-3 was present in 29 infants and only 8 of them were healthy at follow up. No HIE or HIE degree 1 was present in 185 infants and all but 1 was normal at follow up.*
Conclusions: *In term infants assisted ventilation using bag and mask in direct connection with birth is effective in the waste majority of term infants. The use of T-tube ventilation has, during the last 10 years replaced bag and mask ventilation in preterm infants and has made endotracheal intubation unnecessary also in these infants.*
References: *Study 1: Acta Paed. 1992; 81: 739-44, Study 2: Acta Paed. 1995; 84: 927-32*