

LAPAROSKOPY IN PATIENTS WITH OVARIAN TUMOURS IN ONCOLOGY CENTRE OF WARSAW, POLAND: RESULTS OF TREATMENT

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Since January 1995 to January 1998 in Gynaecological Oncology Department in Warsaw 86 patients with ovarian tumours were operated with employment of laparoscopy.

Methods: Preoperative diagnostic procedure consist of clinical and gynaecological examination, Ca-125 serum level determination and transvaginal ultrasonography. Furthermore, Resistant Index (RI) was estimated in 25 patients during transvaginal USG with colour doppler flow. Ovarian structure was estimated according to Campbell scale.

Results: Kinds of operation

Enucleatio cyst	24
Ovary partial resection	9
Unilateral adnexectomy	32
Bilateral adnexectomy	20
Salpingoneostomy	1
Total	86

Mean diameter of tumours was 6 cm. The biggest serous cyst was 15 cm in diameter. One women with borderline tumour was operated in 12 week of pregnancies. During follow up there no recurrence in none of patients. There were any serious intra and postoperative complications.

Conclusions: 1. Laparoscopy is a method of choice in treatment of benign ovarian tumours, especially in young women, with regards to shorter time of hospitalization and smaller surgical injury 2. In young women in reproductive period sparing operation should be performed enucleatio cyst or unilateral adnexetomy unless first kind of operation is possible with regards to type or size of tumour

THE STUDY OF NEW PROPHYLACTIC APPROACHES IN WOMEN WITH HIGH RISK OF INFLAMMATORY PELVIC ORGAN DISEASES

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Objective. Efficacy of prophylactic parenteral eubiotics in both partners and of local estriol in premenopausal women with intrauterine contraceptive (IUC) was studied.

Methods. 120 women aged 39-53 (mean age $47 \pm 0,3$) using copper containing IUC participated in this study. The women were not diagnosed to have sexually transmitted diseases (STD) and inflammatory pelvic organ diseases (IPOD) or their diseases were treated at the beginning of the study. Of them, 65 women were included into group I. They underwent a course of treatment with SolcoTrichovak. 22 males from these 65 couples were treated with SolcoUrovak. Parallely, all 65 women had a prophylactic treatment with Ovestin used as vaginal ovulae (1 ov. twice a week by 2 month courses with a 1 month interval for 9 months). The patients with contraindications to the above preparations were excluded from the study. The other 55 women formed the control group (II). Neither they no their partners used preventive measures. The both groups were equal in risk factors of STD and IPOD frequency. The women's state control for STD and IPOD was performed in 10 months. The complaints, clinical state, presence of bacterial vaginosis (BV), Chlamydiosis (Ch), Mycoplasma (M), Trichomonosis (Tr), Gonococcal infection (Gn), Candidosis (Cd) were assessed by direct immunofluorescence, cultural and PCR methods. To assess the results we obtained we used parametric (T-Student) criteria as statistic method.

Results. The results obtained in group I were: STD and IPOD clinical signs found 13,8 %, laboratory data: BV - 3 %, Ch - 12,3 %, M - 10,8 %, Tr - 9,2 %, Gn - 3 %, Cd - 9,2 %. Group II data were 41,8 %, 25,5 %, 14,5 %, 14,5 %, 9,1 %, 3,6 %, 18,2 % respectively. IUC were removed in group I in 1,5 % cases while 14,5 % in group II. The statistic reliability in all our cases was $p < 0,05$.

Conclusions. Considering a decreased (by 1-8,5 times) STD and IPOD frequency in prophylactic use of eubiotics and estriol in the premenopausal women with IUC we recommend that the above scheme should be used for both such patients and with STD, IPOD risk, especially for estrogen deficient ones.