

# LAPOROSCOPY-ASSISTED TREATMENT OF OVARIAN TUMORS AND TUMOR-LIKE OVARIAN NODES

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## THE USING OF EMERGENCY LAPAROSCOPIC SURGERY IN MANAGEMENT OF BENIGN OVARIAL NEOPLASM

**Introduction.** 67 patients admitted during 2004 year with the urgent surgical diagnosis (complication of benign neoplasm) were operated with using of laparoscopic surgery.

Material and methods. On the basis of morphologic and functional structure of diagnosed pathology all patients were put into two groups. The Ist group comprised the patents with verified diagnosis of the benign ovarial neoplasm (n=28). Most often we found serous cystadenomas – 64,3%, papillary cystadenomas – 21,4%, and mature teratomas – 14,3%. Most often benign ovarial neoplasms were identified in women older then 40 years and every 10th of them had had menopause for 4-8 years. The mean age of patient in the Ist group was 41,4  $\pm$ 1,2 years. The IId group comprised 39 patients with tumor-like formations. Morphologic patterns were: corpus luteum cysts – 53,9%, follicular

cysts -23,1%, endometrial cysts -15,3%, paraovarial cysts -7,7%. The mean age of patient in the IId group was  $26,5 \pm 1,4$  years.

**Results.** Depending on the extension of the performed surgical operations in the Ist group we had hemi-ovariectomy – about 40%, cystectomy – in every fifth case; ovariectomy with complete removal of another ovary – 16,2%. In the IId group laparoscopic surgical operations were directed to preservation of organs – in 75% of cases cystectomy only were performed. Complete excision of ovary was performed only in every 5th case.

Conclusions. So, high potential of laparoscopic surgery in preservation of reproductive organs allows us to consider this method to be the best option in management of benign ovarial neoplasms in women of reproductive age.

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## OVARIAN BLOOD FLOW IN HEALTHY WOMEN AND PATIENTS WITH OVARIAN FAILURE

Objective: to investigate the relationships between ovarian blood flow, folliculogenesis and sex-steroids production during normal menstrual cycle and in women with ovarian failure

Materials and methods. 10 healthy women and 24 patients with luteal phase defect were underwent hormonal assays (estradiol, progesterone) and ultrasound examination of the uterus and ovaries with color Doppler ultrasonography of the ovarian vessels on 3-5, 11-13, 17-19 and 21-23 days of menstrual cycle. Also was done laparoscopy and hysteroscopy with ovary and endometrial biopsy.

Results. It was determined that in healthy women intraovarian blood flow of the ovary carrying dominant follicle was more active then one in patients with the ovarian failure throw the follicular phase. On the 21 – 23th days of menstrual cycle there was registered reduced blood supply of the corpus luteum and decreased progesterone levels in women with luteal phase defect.

**Conclusions.** Ovarian blood flow in patients with the ovarian failure was less than in healthy women in early follicular and luteal phases of menstrual cycle. Unsufficient blood supply of the corpus luteum is accompanied by reduced progesterone level in the serum.

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### ENDOVIDEOSURGERY OF BENIGN TUMORS AND TUMOR-LIKE OVARIAN MASS

Background: the questions of operative approach in huge and multi-stage ovarian mass, prevention of

reccurence and limited factors for endoscopic surgery remained actual.

**Objective.** The elaboration of differential tactics of surgery in patient with benign ovarian tumors and tumor-like mass.

Materials and methods. the retrospective analysis of 284 medical histories of operated patients with benign ovarian tumors and tumor-like mass was carried out in Medical Center 122 and Department of obstetrics and gynecology of Medical-Military Academy in 2001-2005 yy.

Results. the real ovarian tumors were revealed in

108 patients (38%). The tumor-like mass took place in 176 (62%) patients. Laparoscopic and open surgeries were performed: resection, cystadenectomy, ovariectomy, adnexectomy, hysterectomy and others. Postoperative period after laparocopic operations passed more favourably.

**Conclusion.** endovideosurgery is the "gold standard" of benign ovarian tumors and tumor-like mass surgery both radical and reconstructive.

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## THE EVALUATION OF ORGAN-SAVED SURGERY OF BENIGN TUMORS OF UTERUS AND ADNEXA

**Objective:** the grounding and optimization of organ-saved surgery in treatment of uterine fibroid and benign ovarian cystadenomas.

Materials and methods. The cohort study of patients with benign ovarian and uterine tumors included all operated women of Department of obstetrics and gynecology of Medical-Military Academy in period of 1991 – 1999 yy and National medical-surgical centre named after N.I. Pirogov in period of 1996 – 2004 yy. The investigations value comprised medical history, bimanual exam, colpocytology and vaginal pH measurement. The laboratory investigations were the following: CBC and urinoscopy, blood biochemistry, FSH, LH, E2, progesterone, testosterone, TSH, T3 and

T4 blood concentrations. Mammography and pelvic ultrasound were performed in all patients. The evaluation of life-quality was carried out with questionnaire SF-36. Also the modified menopausal index was defined which was worked out in Scientific Centre of Obstetrics, Gynecology and Perinatology, RAMS (Kulakov and co., 1996)

**Results.** Results of our investigations justified the necessity of widening of indications for surgery saved anatomo-functional interrelation in patients with uterine fibroid. It is need to be further evaluated such important criteria as "oncological risk". There was worked out the new classification of organ-saved and conservative operations of uterus and adnexa.

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## HOMEOSTASIS IN PATIENTS WITH OVARIAN BENIGN TUMORS AND REPRODUCTIVE FUNCTION DISORDERS

**Objective:** the elicitation of immune status changes in patients with benign ovarian tumors and reproductive function disorders.

Materials and methods. 53 women with benign ovarian tumors and reproductive function disorders were examined with dynamic pelvic ultrasound, hysterosalpingography, haemostasis investigations, biochemical, ednocrine and immunological tests. The latter included the examination of systemic and local immunity, detection of anti-phospholipid, anti-progesterone and antiovarial antibodies. Also laparoscopic surgeries (laparoscopy and hysteroscopy) were carried out as usually.

**Results.** The primary infertility was marked in 58,9%, the secondary one – in 41,1% of observations. Most patients had history of inflammatory and infectiouse diseases. Different menstrual function disorders were diagnosed at 50,2% of women, uterine lesions included fibroid (29,1%), endometritis (47,5%); uterine

cervix diseases - 45,2% (chronical cervicitis, leukoplakia, deformation and scarred changes after traumatic delivery). Every 2nd woman was polivalent allergic, that testified indirectly about autoimmune disorders. The ovarian tumors were revealed in 37,4% of patients, tumor-like mass - in 62,6%. Changes of coagulation system (hypercoagulation) were more frequently observed in women with epithelial, herminogenic tumors and endometriomas. The latter was combined with thyroid dysfunction very often. Dishormonal diseases of mammae and galactorrhea were revealed in the most of women. The evaluation of immune system changes in patients with infertility and benign ovarian tumors confirmed the presence of systemic disorders, which were more manifest in combined pathological processes. These patients were characterized by decreasing of T-helper (CD4+) relative content and increasing of B-lymphocytes (CD 19+), NK-cells (CD 16+), T-cells with γδ-receptors and increased concentration