

cancer – 24 (15,2%). The mean age of patients was $24,9 \pm 0,9$ y.o. The third group comprised 125 patients with either atypical endometrial hyperplasia – 57 (45,6%) or early endometrial cancer – 68 (54,4%). The mean age of patients was $21,5 \pm 1,1$ y.o. The follow-up period was 6 month – 29 years.

Results. Post-treatment fertility rates were relatively high in all groups: group 1 – 19,8% (208 pregnancies for 136 women), group 2 – 48,7% (151 pregnancies for 77 women), group 3 – 23,2% (40 pregnancies for 29 women). However, the number of interrupted pregnancies was quite high: group 1 – 110 (52,9%), group 2 – 59 (39,1%), group 3 – 7 (20%). Only a few pregnancies occurred within a short time interval after the completion of treatment and were therefore interrupted. Spontaneous abortions occurred in 51 patients: in group 1 – 31 (14,9%), 2 – 11 (7,3%) and in 3 – 9 (25,7%) cases. There were 3 (1,4%) cases of ectopic pregnancy in group 1. We observed 4 (1,9%) cases in 1 group and 1(0,6%) in 3

group cases of non-developing pregnancy. At present 12 women are pregnant: 5 – in the 1st group (2,4%), 2 (1,3%) – in the 2nd group and 5 (12,5%) – in the 3d group. The number of pregnancies resulted in childbirth was as follows: conservative treatment of cervical lesions – 56 (26,9%) pregnancies, unilateral tubo-ovariectomy – 78 (47,5%), endometrial pre-cancer and cancer – 19 (47,5%). On-term babies are alive and develop normally. An important issue is obviously the impact of pregnancy on the outcome of oncological disease. We observed 4 (2,9%) relapses in patients of the 1st group, 10 (12,9%) cases – in group 2, 2 (8%) in group 3. These results are comparable to recurrence rates of patients who underwent conservative treatment and had no pregnancies.

Conclusion. To sum it up, adequate conservative treatment of early gynecological malignancies provides long-term recovery and allows for normal female functioning, which is essential for medical and social rehabilitation of women.

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TECHNICAL ASPECTS OF LAPAROSCOPIC LYMPHODISSECTION

Aim. The studying of laparoscopic lymphodissection results in cancer of different location.

Material and methods. In Ryazan Regional Clinical Hospital 86 laparoscopic operations have been performed during the period 1999/2005. 64 (74,4%) patients have had colorectal cancer, 10 (11,6%) patients have had renal carcinoma and 2 (2,3%) patients – cervical carcinoma. 20 (23,2%) operations have been combined ones.

Lymphodissection technique has been identical. But lymphodissection extent was different, depending upon the spread of cancer. At colorectal cancer aortoiliac and aortoiliopelvic lymphodenectomy has been performed, depending upon tumor location. Radical nephrectomy has been accompanied by monolateral wide removal of retroperitoneal fat in aortal and iliac zones (affected side). Extend of lymphodissection has corresponded to standard radical hysterectomy in 2 patients (Vertheim's operation).

Action consequence was different, depending upon tumor staging. In colorectal cancer the operation has been started with major vessels ligation followed by lymphodissection in paraaortic, iliac and lateral region. Radical hysterectomy, on the contrary, has been started from fat removal from pelvic lateral walls after dissecting of uterine round ligament with the following shift in medial direction.

Results. We have not had lethal cases and conversions. Intraoperation complication have been registered

in 3 (3,4%) patients. In two (2,3%) cases major vessels have been injured and in one (1,2%) case – ureter edge injury took place. In all cases these complications have been removed, using laparoscopic access. 4 (4,7%) patients have had postoperation complications. Large intestine resection has been performed in all cases. In two (2,3%) patients anastomosis has not been a success, in one case – anastomosis stricture took place and in one case – bilateral hydronephrosis. Functional disturbances have been noticed in 10 (11,6%) cases. Large intestine resection has been performed in 9 (10,5%) patients, hysterectomy – in one patient. In 9 (10,5%) cases urination disorders took place, in one case – a patient's minor motion disturbances, related to obturator nerve injury. Average operation time did not exceed open operation time.

We have got 5-year result investigations only in 10 (11,6%) patients having colorectal cancer, and 3-year result investigations in 32 (37,2%) patients. Preliminary analysis results of relapse frequency corresponded to the results of open expanded operations, and were considerably lower as compared to the number of traditional operations; but still it is too early to come to the final conclusion about lymphodissection efficiency.

Conclusion. Our investigations have shown efficiency of lymphodissection that is accompanied by slight number of complications and have encouraging prognosis.