

py all 22 (100%) patient were underwent by cytoreductive operations ($p < 0,05$ between groups). The time before the beginning of antitumour therapy was $7,8 \pm 1,2$ days in group of the patients, where the treatment was begun from laparotomy. In group of the patients, where the treatment was begun from diagnostic laparoscopy the period before an antitumour therapy was $4,8 \pm 1,1$ days ($p < 0,05$ between groups). In one patient with malignant germ cell tumor, who was underwent laparocentes neoduvant chemotherapy was performed not in standart protocol because of inconsistent cytologic data. In group of the patients, where diagnostic laparoscopy with biopsy of a tumour were carried out

all patients were treated on the standard protocol. There were no complications at realization of diagnostic laparoscopy with biopsy of a tumor.

Conclusions. 1. Diagnostic laparoscopy with biopsy of a tumor is an effective method allowing to estimate the possibility of patients with stage IV of ovarian malignant tumors to be operated; also, this method allows to define the histological type of a tumor and to choose an adequate program of chemotherapy.

2. At realization of diagnostic laparoscopy in comparison with laparotomy in the patients with stage IV of malignant tumors of ovary reduces the period prior to the beginning of antitumour treatment.

Novikova E.G., Antipov V.A., Shevchuk A.S.

P.A. Hertzen Research Oncological Institute, Moscow, Russia

Aim: to evaluate possibility and effectiveness of laparoscopic surgery in patients with early stage ovarian malignancies after non-radical surgical treatment of ovarian malignancies.

Material and methods. We performed 52 repeated laparoscopic operations in patients at the age of 16 to 65 years, who had had non-radical surgical treatment of I stage malignant ovarian tumors. Patients underwent non-radical operations in gynecological clinics of general profile concerning first diagnosed ovarian tumors and cysts. In most cases the only performed procedure was unilateral removal of adnexal mass and ovarian malignancy was revealed only after postoperational histological examination of the removed ovary. Repeated laparoscopic operations, the purpose of which was adequate staging of tumor process and observance of treatment radicalism, were performed within 12 – 280 days after non-radical operations. During repeated laparoscopic operations ontological principles were kept: careful inspection of abdominal cavity, intraoperational cytological examination of peritoneal fluid, washings and peritoneal biopsies, intraoperational histological

THE EXPERIENCE OF REPEATED LAPAROSCOPIC OPERATIONS IN PATIENTS WITH MALIGNANT OVARIAN TUMORS

examination of removed ovaries, infracolic omentectomy. In all cases laparoscopic ultrasound examination of pelvic and paraaortic lymph nodes was performed. For evacuation of specimens out of abdominal cavity we used special containers.

Results. The average duration of surgery was 164 min. Conversions was made in 9 cases: 4 – in relation with tumor dissemination, 3 – concerning widespread adhesions, 2 – regarding intraoperational complications (bleeding from left gastroepiploic artery). Postoperational complications were observed in 3 patients and did not required surgical correction. The patients were discharged from the clinic within 4-5 days after surgery. The usage of laparoscopic surgery has made it possible to reduce rehabilitation period more than in two times in comparison with the similar indexes in case of laparotomy. Restaging was performed in 10 (19,7%) cases.

Conclusions. The usage of laparoscopic surgery in the purpose of restaging in patients who underwent non-radical operations in relation with malignant ovarian tumors let to increase the quality of patients' lives without any prejudice to oncological radicalism.

Novikova E.G., Chulkova O.V., Ronina E.A.

P.A.Hertsen Moscow Oncological Institute, Moscow, Russia

The aim. To analyzed one of the aspect of the medical-social rehabilitation of the patients after organ-saving treatment of gynecological neoplasms.

Methods and material. We have analyzed comprehensive clinical data of 971 women of reproductive age with early gynecological cancer who were treated in the Department of Oncogynecology of P.A.Hertsen Moscow Oncological Institute in 1975 – 2004. The first

THIRTY-YEARS EXPERIENCE OF ORGAN- SAVING TREATMENT IN ONCOLOGICAL GYNECOLOGY

group included 688 women with precancerous lesions and early cervical cancer (severe cervical dysplasia – 90 (13,1%), cervical cancer in situ – 342 (49,7%), cervical cancer stage Ia1 – 246 (35,6%), cervical cancer stage Ia2 – 4 (0,6%). The mean age of patients was $33,6 \pm 1,2$ y.o. The second group included 158 patients with malignant ovarian tumors: non-epithelial tumors – 99 (62,7%), borderline tumors – 35 (22,1%) and ovarian

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.

Puchkov K.V., Khubezov D.A., Yudin I.V.

Ryazan State I.P. Pavlov Medical University, Russia

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.