

time of diagnosis, or had other periampullary cancer (distal bile duct, ampulla of Vater, and duodenum).

**Results.** We identified 424 cases with histologically proven with cephalopancreatic cancer (263 males-58,31 % and 188 females-41,68%) who underwent palliative treatment with cancer of the head of the pancreas aged between 32 and 84, requiring palliation. Following the retrospective study, we found: the diagnosis of cephalopancreatic tumor was clinically and paraclinically established using the diagnostic methods: USG (100%), CT (86,79%); Retrograde endoscopic cholangiopancreatography (23,11%). The tumors of these patients were unresectable because of local vascular invasion to the superior mesenteric vein, portal vein, superior mesenteric artery, hepatic artery, or celiac artery. The tumor size was  $5.4 \pm 2.2$  cm. The tumors of these patients were all in stage 2b-4 according to the NCCN guideline of pancreatic cancer. No cases were diagnosed using preoperative biopsy. Of the 424 cases with a reported histological subtype pancreatic ductal adenocarcinoma 417(98,34%) ,Moderately differentiated-207,Well-differentiated-107,Badly differentiated-87 Solid neoplasm-4(0,98%) Acinar carcinoma 3(0,7%). All the patients underwent palliative surgery , of whom 109 (25,7%) biliar by-pass, 152 (35,84%) biliar + gastric by-pass , 65 (15,3%) stent and 23 (5,42%) external bile drainage. The postoperative mortality did not exceed 5%, the rate of postoperative complications was below 23%, an acceptable value and equivalent to the world data.

**Conclusions.** 1. The goal of therapy for these patients is to obtain the most complete and prolonged remission of symptoms possible, with the least intervention-related morbidity and mortality. CT . 2. The gold standard in the diagnosis of cephalopancreatic tumor is abdominal

**Key words:** pancreas cancer, palliative care, diagnostic

## 100. CONSERVATIVE SURGICAL TREATMENT OF EARLY CERVICAL CANCER IN NULLIPAROUS PATIENTS. META-ANALYSIS.

Author: **Daniela Berdaga**

Scientific adviser: Mariana Virvan, PhD, University Assistant, Department of Oncology *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

**Introduction.** Relevance in the Republic of Moldova, in the last five years over 1500 women was diagnosed with cervical cancer, and over 1000 lost their lives. Cervical cancer is placed third among cancers of women and first among women aged 25-44. Worldwide cervical cancer mortality rates they are substantially smaller than the incidence, with an incidence mortality rate of 50,3%.

**Aim of the study.** This study proposes to analyze the published literature characterizing the oncological results of the nulliparous patients with early cervical cancer, who want to maintain fertility and menstrual function to conceive a pregnancy.

**Materials and methods..** The research of the articles is designed in such a way that the obtained results to contain safe dates effectuated on smaller lots, being combined, they present the sum of studies on this subject, and the definitive conclusions are obtained.

**Results.** 20 scientific works including the study of patients with early cervical cancer. The results obtained to add 4568 patients which have been exposed to the conization intervention and include 3 scientific works and 17 are involved in the treatment of radical trachelectomy. 946 patients are included in the conization group; 845 (89.3%) stage IA1, 2 (11,7%) stage IA2. In the radical trachelectomy group there are 3539 patients, 924 (26.1%) stage IA1, 1046

(29.5%) stage IA2, 1522 (43%) stage IB1, 48 (13%) stage IB2. Of 16 studies that have been reported fertile results are 47.9% (397/829), birth rate with 59.5% (514/864), premature birth rate 61.9% (302/488) and abortion rate in the second trimester was 71.8% (26/362).

**Conclusions.** This article focuses on current options for conservative surgery in early cervical cancer associated with long-term oncologic efficacy, keeping reproductive function. Treatment that determines fertility conservation, radical trachelectomy is favourable, and carefully selected women can maintain fertility and get a pregnancy.

**Key words:** conization, radical trachelectomy, cervical cancer, early stage, conservative

## 101. BREAST CANCER IN MEDICAL WORKERS DEPENDENT ON MENOPAUSAL STATUS

Author: **Veronica Şveţ**

Scientific advisers: Ion Mereuţă, MD, PhD, University Professor, Department of Oncology *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

**Introduction.** Breast cancer in medical workers is higher than the general population, and is growing steadily and continue.

**Aim of the study.** Studying breast cancer in medical workers dependent on menopausal status

**Materials and methods..** The study was carried out on 196 female medical staff with a mammary gland camera, over the years 2010-2018. The study was conducted based on the questionnaires of the breast cancer doctors, and on the observation and outpatient records.

**Results.** Of the 196 women medical personnel included in the study for the given period, with the oncological pathology of the mammary gland confirmed histologically, only 5 persons (2.5%) were in the fertile period, 28 (14.4%) were in the premenopausal period, 25 (12.7%) were in the menopause period and 138 (70.4%) in the postmenopausal period. In stage I TNM, 7 (12.7%) were detected in the pre-menopausal period, 4 (7.3%) in the menopause period and 39 (70.9%) in the postmenopausal period. In stage II TNM (n = 103), in the postmenopausal BC period in medical workers was confirmed in 14 (13.6%) patients, in the menopause period 9 (8.7%) and in the postmenopausal period in 80 (77.7%) patients. In stage III TNM (n = 23), the diagnosis of BC in medical workers was appreciated in the postmenopausal period in 6 (25%) patients, in the menopause period in 8 (33.3%) and in the postmenopausal period in 10 (41.7%). In stage IV TNM, predominantly, in 7 (53.8%) BC in medical workers was determined postmenopausal.

**Conclusions.** Breast cancer in medical workers has increased over the years, and has a higher incidence of breast cancer in medical workers is in the pre- and postmenopausal period, compared with the fertile period and the menopause, but in the general population, stages I and II are more frequent.

**Key words:** doctors, medical workers, breast cancer, menstrual periods, menopause.

## 102.MALIGNANT TUMORS ASSOCIATED WITH PREGNANCY

Author: **Donia Salti**

Scientific adviser: Veronia Svet, PhD, University assistant, Department of Oncology *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

**Introduction.** Cancer during pregnancy is uncommon. But when it does occur, it can be a complication for the mother and the health care team. Pregnancy itself does not appear to affect