

Materials and methods.. Lot of patients: 27 patients with endometrial ovarian tumors who were hospitalized and received treatment at PMSI OI of the Republic of Moldova between 2014 and 2019.

Results. Total number of patients enrolled in the study: 27 patients, 25-45 years (age of highest incidence) - 15 patients (55,5%). The most frequent symptoms: pelvic pain - 27 patients (100%), dysmenorrhea - 9 patients (33,3%), dyspareunia- 5 patients (18,51%), metrorrhagia - 3 patients (11,1%).Bimanual examination of 12 patients (44,4%), revealed a smooth, elastic mass. According to laboratory data, 19 patients (70,37%) showed high CA 125 values, and 14 patients (51,8%) high estradiol values. Diagnostic imaging: ultrasound - 27 patients (100%), CT -7 patients (25,92%), MRI - 3 patients (11,1%). Laparoscopic methods: diagnostic laparoscopy - 12 patients (44,4%). All patients have received surgical treatment: surgery under laparoscopy - 12 patients (44,4%), laparotomy - 15 patients (55,5%).

Conclusions. 1.Age and high estrogen levels are among the main factors which lead to endometrial ovarian tumors. 2.Pelvic pain is the main symptom shown by patients followed by dysmenorrhea, dyspareunia, and metrorrhagia. 3.Laparoscopy is the golden standard in the diagnosis of endometrial ovarian tumors.

Key words: endometriosis, endometrial tumor, laparoscopy, pelvic pain

92. CONTEMPORARY TREATMENT OF METASTATIC OVARIAN TUMORS

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Introduction. Metastatic ovarian cancer is a serious worldwide public health problem, with one of the highest potential for lethality among all tumors. It is an advanced malignancy, or secondary tumor, with primary other organs, most commonly the gastrointestinal tract and mammary gland, stomach, colon, appendix, uterus, lung. At present, the treatment of metastatic ovarian tumors consists of several successive stages: surgical treatment, chemotherapy and radiotherapeutic treatment. Patients with a metastatic limit only in the ovary have a favorable prognosis, or usually. Adjuvant chemotherapy after metastasis resection offers survival benefits in gastric and colorectal cancer. The ovary is a frequent site of involvement for metastases. Ovarian involvement is observed at autopsy in approximately 10% of breast cancer cases. Metastasis is bilateral around 80% of patients. About 5-30% of ovarian cancers are metastatic malignancies.

Aim of the study. To study the techniques and principles of treatment for metastatic ovarian tumors

Materials and methods.. Lot of patients: 53 patients with metastatic ovarians tumors were hospitalized and treated in IMSP IO from Moldova during 2012-2019

Results. Total enrolled: 53 patients, age with the highest incidence - 41-50 years - 18 patients (33.9%) Histological distribution: signet ring cell - 26 patients(49.1%), adenocarcinoma – 24 patients (45.2%), clear cell carcinoma - 3 patients (5.66%). After the primary outbreak - the highest incidence for the stomach cancer - 25 patients (47.1%) and uterus cancer- 17 patients (32.07%).For the colorectal cancer the incidence is 9.43%- 5 patients, uterin cervical cancer-3.77%- 2 ,mammary gland cancer-5,66%- 3 patients and for cancer without clarification-1,88 %- 1 patient. Bilaterality is prevalent in our study with 62.2% (33 persons) Of them treated surgically: 53 patients-100% ,treated only with adjuvant chemotherapy: 40 patints- 75,47 %,

treated only with radiotherapy- 7 patients- 13.2 %, combined treatment- 6 patients- 11,3%. Chemotherapy treatment consists of complex treatment regimens containing at least 2 chemotherapeutic preparations. The patients has be treated with fluorouracil, doxorubicin, cisplatin, cyclophosphamide .We can mention that fluorouracil was used by 28 patients, doxorubicin-24, cisplatin -30, cyclophosphamide-14.

Conclusions. Treatment for metastatic cancer aims to slow the growth or spread of the cancer. The treatment depends on the type of cancer, where it started, the size and location of the metastasis, and other factors. Even if metastatic cancer has stopped responding to treatment, many therapies may help ease side effects and improve quality of life.

Key words: metastatic cancer, treatment, oncogenicology

93. CLINICAL EVOLUTION AND TREATMENT OF BREAST CANCER IN YOUNG WOMEN

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Introduction. Breast cancer is the most common cancer diagnosed in women worldwide, with nearly 1.7 million new cases diagnosed annually (25% of the total) and 571,000 deaths. In Europe, breast cancer accounts for the highest share (26.4%) of all cancers in women, with 522,513 new cases, far above colon cancer (11.5%; 228,067 new cases) and lung cancer (8%; 158,196 new cases). The incidence of breast cancer in Moldova in 2018 was 1125, and the morbidity was 360.6 per 100 thousand population.

Aim of the study. This study aims to analyze the clinical evolution and treatment of breast cancer at different stages in young women.

Materials and methods.. The study is based on a retrospective descriptive analysis carried out for about 3 years. The group included 63 patients, all women between the ages of 24 and 45, diagnosed with breast cancer at various stages. Clinical evolution, stage, tumor size, preoperative treatment and surgical method were evaluated.

Results. We found that of 63 patients, 61 had clinical symptoms, while 2 patients were diagnosed during screening. The complaints of the patients included palpation of a hard, immobile, painless tumor of irregular outline – 50 cases (82%); breast swelling – 8 cases (13%); nipple leaks – 2 cases (3%), pain – 1 case (2%). Tumor sizes ranged from 1.0 cm to 5.5 cm. Thirty-eight patients had tumors smaller than 2 cm, 24 patients had tumors with sizes between 2 and 5 cm and 1 patient had tumor of 5.5 cm. There were diagnosed 3 patients (5%) with stage I; 13 patients (21%) with stage IIA; 39 patients (62%) with stage IIB; 4 patients (6%) with stage IIIA; 4 patients (6%) with stage IIIB. Out of 63 patients, 42 patients (67%) received preoperative treatment: chemotherapy – 39 patients (61.9%), radiotherapy – 3 patients (4.7%). Of the patients receiving chemotherapy, 5 patients took 2 courses, 16 patients – 3 courses, 14 patients – 4 courses, 2 patients – 6 courses, 2 patients – 8 courses. Surgical treatment of malignancies was performed by two methods: single mastectomy – 18 malignant tumors (28.5%), Madden radical mastectomy – 45 malignant tumors (71.5%).

Conclusions. We found that of 63 patients, 61 had clinical symptoms, while 2 patients were diagnosed during screening. The complaints of the patients included palpation of a hard, immobile, painless tumor of irregular outline – 50 cases (82%); breast swelling – 8 cases