

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%).

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Key words: breast cancer, evolution, treatment.

94. CONTEMPORARY SURGICAL AND CHEMOTHERAPEUTIC TREATMENT OF BORDERLINE SEROUS OVARIAN TUMORS

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Introduction. Borderline ovarian tumors are a special group of tumors that have histopathological character and lie between benign and malignant ovarian tumors. 15 to 25 % of gynecological tumors are borderline ovarian tumors, whereas serous and mucosal tumors in the histological majority are borderline affecting the reproductive age. Borderline ovarian tumors or semi-malignant tumors are a group of lesions that show some malignant character (moderate cellular atypia, epithelial stratification, reduced mitotic activity), but without stromal invasion.

Aim of the study. The purpose of this paper is to present the statistical results and to analyze the data from the published literature concerning this pathology with respect to the surgical and chemotherapeutic treatment of borderline ovarian tumors.

Materials and methods.. The retrospective study was performed with a group of 40 patients who are suffering from tumors with low-malignancy and a good long-term prognosis. Surgical treatment is the fundamental treatment of borderline ovarian tumors, but there are some debates concerning chemotherapeutical treatment.

Results. După structura istologică, în ovarienă tumorală se limitează la un punct tipic seros prevalent în 64%, urmat de mucinoase cu 31% și tipul endometroid i-au revenit 5%. Diagnosticul intraoperator al tumorilor ovariene de frontieră s-a bazat pe: concreșteri papilomatoase în 31 de timp cu 78%, ruperea capsulei tumorii depistată la 5 paciente ce a constituie 14%, afectarea bilaterală ovariană la 17 paciente (47%), ascendentă în 6 poate cu 16,6%.

Conclusions. According to the histological structure, in the borderline ovarian tumors the serous type prevailed in 64%, followed by mucinous 31% and endometroid type took up 5%. The intraoperative diagnosis of borderline ovarian tumors was based on: findings papillomatous in 31 cases with 78%, tumor capsule rupture detected in 5 patients who constituted 14%, bilateral ovarian involvement in 17 patients (47%), ascites in 6 cases with 16.6%.

Key words: borderline ovarian tumors, malignity, surgical treatment.