95. CLINICAL AND MORPHOLOGICAL FEATURES OF OVARIAN CANCER

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Introduction. Globally, ovarian cancer ranks seventh among malignancies and is the eighth leading cause of cancer mortality in women. In 2018, there were about 22,240 new cases of ovarian cancer and 14,070 deaths caused by this disease. From the histological point of view, ovarian cancer is classified in: serous – 52%, endometroid – 10%, mucinous – 6% and clear-cell – 6%, while other unspecified subtypes are assigned 25%.

Aim of the study. This study provides the analysis of the clinical and morphological peculiarities of malignant ovarian tumors

Materials and methods.. A retrospective study involving a group of 30 patients diagnosed with ovarian cancer of stages I-IV, admitted to the No.2 Gynecology Department of the Oncological Institute of Moldova.

Results. The objective examination of the patients revealed that out of 30 patients, 17 presented ascites in different degrees, 6 patients – unintentional weight loss, 4 patients – lumbar pain and abdominopelvic pain, 3 patients – the presence of a palpable mass. Respectively, translated into percentages, ascites manifested in 56.6% of cases, unintentional weight loss – 20%, lumbar and abdominopelvic pain – 13.3% and the presence of a palpable mass – 10%. At the histopathological examination, the serous subtype was determined in 20 patients (66.6%), 4 patients had a clear-cell histotype (13.3%), 3 patients were detected with the endometroid subtype (10%), and 3 – with the mucinous subtype (10%).

Conclusions. Ovarian cancer is most commonly diagnosed in stages II-III, ascites is the most common clinical manifestation, followed by weight loss and the presence of the ovarian mass. The most common histological type was ovarian serous cystadenocarcinoma, followed by mucinous and clear-cell carcinoma.

Key words: ovarian cancer, clinical manifestation, diagnostic

96. DIAGNOSIS AND TREATMENT OF BENIGN VULVAR TUMORS

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Introduction. The vulvar region is a complex area because it has many elements, besides the skin, that are capable of producing a variety of benign tumors. The subepithelial fibrous stroma of the inferior female genital tract constitutes a differentiated mesenchyme, with myofibroblastic properties and a particular phenotype. Factors that favor the appearance of benign vulvar tumors can be classified into two groups with non-influential factors: such as age, race, pathological and heredocolateral history, vulvar atypia and with influential factors including: obesity, diabetes, smoking, compromised immunity, sedentarism, number of births and number of sexual partners. Also significant is the correlation between risk factors and the presence of HPV (human papillomavirus) that causes the appearance of high grade intraepithelial squamous lesions (HSIL, HPV dependent) and vulvar intraepithelial dysplasia.