

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%, endometrioid – 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 endometrioid 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.

The conduct in diagnosing the vulvar lesion is to carefully inspect the affected region and the groin nodes, assessing the size of the lesion and the regional adenopathies. The main element of the diagnosis is vulvar biopsy with morphological confirmation. Treatment is performed by partial or radical vulvectomy.

Aim of the study. Appreciation of the methods of diagnosis and treatment of benign vulvar tumors.

Materials and methods.. In the study group were included 16 patients with benign vulvar tumors diagnosed and treated in IMSP IO from the Republic of Moldova during the years 2014-2019.

Results. Total enrolled: 16 patients. Distribution by age groups: 41-50 years - 5 patients (31.25%), 51-60 years - 5 patients (31.25%), 31- 40 years - 3 patients (18.75%), 61-70 years - 3 patients (18.75%). Based on the predisposing factors in the development of benign vulvar tumors, there were 7 cases of obesity (43.75%) and the presence of HPV virus type 6 and 11 in 9 patients (56.25%). According to the location: on the right labia - 6 patients (37.5%), and on the left labia - 10 patients (62.5%). In the examination of patients by ultrasonography we obtained in 10 patients a formation less than 5cm (62.5%), in 3 patients a formation of 6-10cm (18.75%) and in 3 patients a formation greater than 11 cm (18.75%). Based on the histological examination there were 5 cases of vulvar papilloma (31.25%), 8 cases of vulvar fibroma (50%) and 3 cases of vulva leukoplakia (18.75%). All patients underwent surgical treatment: partial vulvectomy -15 patients (93.75%) and radical vulvectomy - one patient (6.25%).

Conclusions. 1. Obesity and the presence of HPV virus types 6 and 11 are some of the primary factors leading to the development of benign vulvar tumors 2. Histopathological examination represents the gold standard in the diagnosis of benign vulvar tumors. 3. Surgical treatment is the method of choice in the treatment of benign vulvar tumors..

Key words: HPV, vulvar tumor, diagnosis, treatment, histological examination.

97. THE FEASIBILITY OF SENTINEL LYMPH NODE (SLN) BIOPSY EXAMINATION AFTER NEOADJUVANT CHEMOTHERAPY FOR BREAST CANCER PATIENTS

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Introduction. The feasibility of sentinel lymph node biopsy examination for breast cancer patients that had no clinically detected lymph nodes and underwent neoadjuvant chemotherapy have been analyzed by injecting blue dye into the area near the tumor.

Aim of the study. Axillary status is one of the most important prognostic factors for breast cancer. Sentinel node biopsy has become a standard procedure for axillary staging in clinically node-negative patients. This technique brings out important information that helps physician in therapeutic management of these patients. Lymphadenectomy is an invasive procedure associated with higher morbidity and complications that has shown to be unnecessary in some cases of breast cancer.

Materials and methods.. Forty patients with stages 0-II breast cancer treated with neoadjuvant chemotherapy were enrolled in the study. The sentinel node biopsy was performed after blue