

NEWS IN ETIOPATHOGENESIS AND CLINICAL DIAGNOSIS OF MALIGNANT OVARIAN TUMORS

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Introduction

Internationally, ovarian cancer is the seventh, most common type of cancer diagnosed and the eighth leading cause of cancer mortality among women. Ovarian cancer has often been called the "silent killer" because symptoms are not thought to develop until advanced stages when chance of cure is poor. Late diagnosis of ovarian cancer is related to the asymptomatic and rapid clinical course.

Women with ovarian cancer frequently report symptoms prior to diagnosis, but distinguishing these symptoms from those that normally occur in women remains problematic.

Women with malignant masses typically experienced symptoms 20 to 30 times per month and had significantly more symptoms of higher severity and more recent onset than women with benign masses or controls. The combination of bloating, increased abdominal size, and urinary symptoms was found in 43% of those with cancer but in only 8% of those presenting to primary care clinics.

There were only minor differences in reported symptoms between cases with early and later stage disease.

Survival rates for women with early stage ovarian carcinoma range from 70% to 90% compared with 20–30% for women with advanced disease.⁹ Because of the dramatic differences in these rates, many research efforts are focusing on methods of early detection.

Keywords

Ovarian Cancer, total hysterectomy with bilateral adnexectomy

Purpose

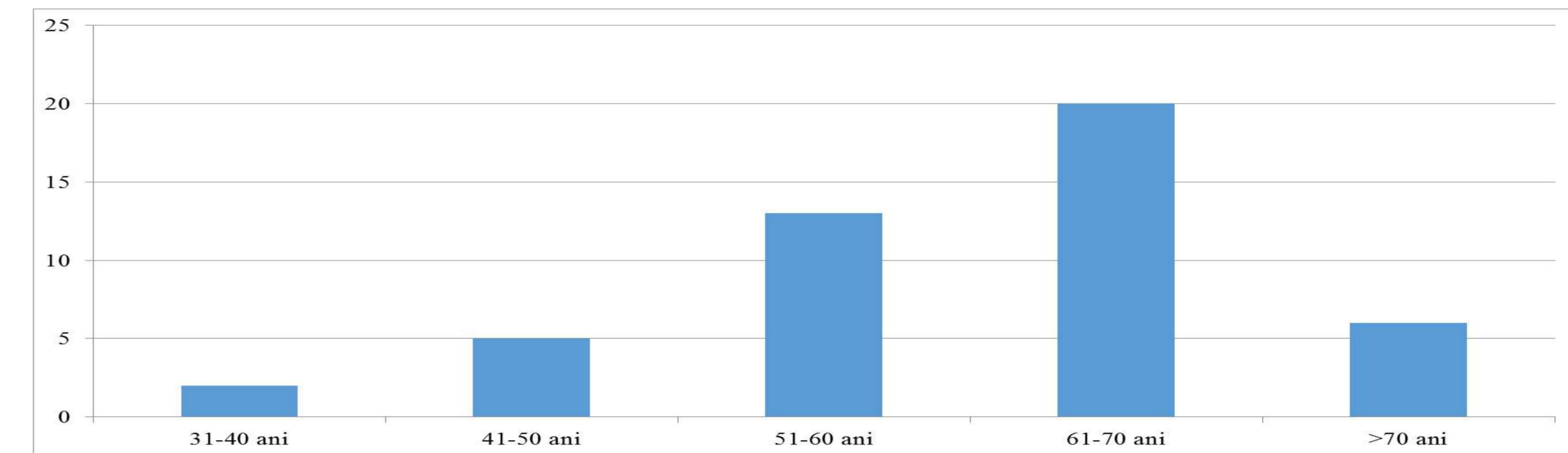
Assessment of risk factors, early clinical manifestations in the diagnosis of ovarian cancer.

Material and methods

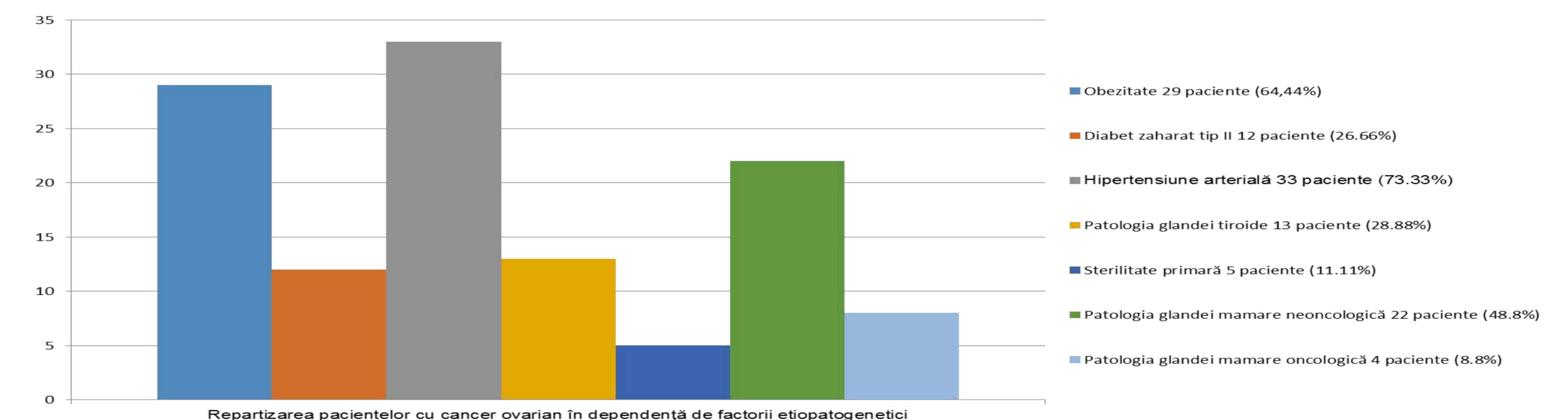
It is a prospective study of 44 patients with ovarian cancer treated surgically and chemotherapy during the years 2017-2020 in IP IMSP Oncology Institute of the Republic Of Moldova.

Results

The study included patients between the ages of 30 and 78 years, the mean being 60 years. With Stage I were diagnosed 13.05%, Stage II-19.57%, stage III-58.7% and Stage IV-4.4%.



Of the concomitant diseases and predisposing factors were present: obesity in 64.44%, type II diabetes in 26.66%, HTA in 73.33%, pathology of the thyroid gland in 28.88%, primary infertility present in 11.11%. According to clinical data, 26.6% of patients were asymptomatic, pain in the lower abdomen in 48.88% of cases, abdominal enlargement in preponderant volume due to ascites recorded in 60.00%, presence of constipation in 26.66%, polyuria in 11.11% of cases. Nearly all the cases (93%) reported at least one symptom, compared with 42% of controls. The most common symptoms among cases were: unusual bloating, fullness, and pressure in the abdomen (71%); unusual abdominal pain or lower back pain (52%); and lack of energy (43%).



Conclusions

The clinical course of ovarian cancer is a syndrome that is not specific to prosecuting major-general in the early stages, in the form of general weakness, abdominal discomfort, loss of appetite, and, for the late stages in the clinical signs dominate in the form of severe pain in the lower part.

Symptoms that are more severe or frequent than expected and of recent onset warrant further diagnostic investigation because they are more likely to be associated with both benign and malignant ovarian masses.