

OVARIAN TUMORS AT MALIGNITY LIMIT, PECULIARITIES OF DIAGNOSTIC AND TREATMENT

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Introduction: The ovarian tumors at the limit of malignity are situated at the boundary between the benign cystadenomas and ovarian invasive cystadenocarcinomas. They present morphological peculiarities of malignity but without invasion of stroma. For the first time they were described by Taylor in 1929, covering 10-20% of epithelial ovarian tumors, being also named semi-malign tumors, carcinomas with decreased malign potential, malignities at limit or Borderline tumors.

Aims: The assessment of the main diagnostic and treatment aspects diagnosed in the female patients with ovarian tumors at malignity level in serous and mucinous types.

Materials and methods: The study was performed in 69 patients with ovarian tumors at malignity level at the Oncologic Institute from the Republic of Moldova in the period 2001-2011.

It's a prospective and retrospective analysis of the primary documentation. The patients included in the study have been divided, according to the histological type, in those with ovarian tumors at the limit of serous malignity (46 patients) and mucinous malignity (23 patients).

All the patients underwent primary surgical treatment within the Public Medico-Sanitary Institution - Oncological Institute. As to the post-operation chemotherapy, all the patients with advanced diseases beginning from the IC stage underwent a special platinum-based treatment

Results: 69 patients were included in this study within 16 and 73 years old, with the average diagnostic age of 41,1 years old. 42 (60.1%) from these patients were in the 1st stage of the disease, 18 (26.1%) were at the 2nd stage, 3 (4.3%) were in the 3rd stage and 6 (8.7%) were in the 4th stage. As to the pre-operation investigations, the most informative were the ultrasonography and computed tomography, which have determined the presence of tumor. The Cancer antigen 125 (CA-125) was at a normal level in 85% from the cases.

All the patients underwent primary surgical treatment. Having studied the operation protocols, the following results were obtained: the tumor was localized at the level of ovaries at 59 patients (85.5%), the spreading outside ovaries was found out at 10 patients (14.5%), at the level of the peritoneum – at 6 patients (8.7%), of the epiploon – at 2 patients (2.3%) and at the serous of the abdominopelvic viscera at 2 patients (2.3%).

58 patients underwent post-operation chemotherapeutic treatment.

Conclusions: The serous ovarian tumors are more frequent than the mucinous ovarian tumors at the limit of malignity. The most affected is the reproductive period within 31 and 40 years old, with the average diagnostic age of 41,1 years old.

The most informative methods of the laboratory diagnosis were the ultrasonography and computed tomography. The cancer antigen 125 (CA-125) was at a normal level in 85 % from the cases.

The ovarian tumors at the limit of malignity can extend outside the ovaries, too, (at the level of the peritoneum, epiploon, and at the serous of the abdominopelvic viscera)

The chemotherapeutic treatment is applied post-operative for reducing the rate of the tumour recurrence.