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## TUMORILE RETROPERITONEALE - ASPECTE DE DIAGNOSTIC SI TRATAMENT

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Tumorile retroperitoneale sunt foarte rare, dar cu atat mai spectaculoase, asociate cu un prognostic foarte prost. Datorita incidentei scazute, dar si lipsei de standardizare dintre centre, exista o limitare semnificativa a cunoasterii in managerierea acestor cazuri. Pana acum, singurul tratament considerat optim a fost axat pe o rezectie tumorală completa, cu margini negative. Dificultatea unei rezectii radicale, datorita particularitatilor de abordare a acestui spatiu anatomic, dimensiunii mari tumorale in momentul diagnosticului si afectarii frecvente multiorganice si a vaselor mari, explica esecul terapeutic frecvent. Incercand sa analizam caracteristicile strategiei de diagnostic si rezultatele tratamentului chirurgical, am efectuat un studiu pe un lot de pacienti diagnosticati cu tumori retroperitoneale cu origine extradiigestiva si tratati in Clinica de Chirurgie a Institutului Oncologic Bucuresti. Ne-am propus sa determinam care sunt tipurile histopatologice cel mai frecvent intalnite, particularitatile topografice ale acestor tumori, gradul de implicare viscerală si vasculară. Am incercat sa identificam factori asociati cu o rata de supravietuire mai mare si sa analizam caracteristicile de recidiva locală si metastazare in aceste tumori. Stabilirea mijloacelor diagnostice imagistice de apreciable acuratete in estimarea preoperatorie a localizarii si rezecabilitatii tumorale, frecvent dependentă de gradul si modul de implicare a structurilor vasculare mari retroperitoneale constituie una din tinte in imbunatatirea cunoasterii privind tumorile retroperitoneale. Concomitent, studiul isi propune sa compare rezultatele diferitelor tipuri de interventii chirurgicale, dar si ale tratamentelor complementare existente. Putem concluziona ca tumorile retroperitoneale prezinta o mare heterogenitate histopatologica si ridica in general mari probleme de tratament. Sunt frecvent decelate in stadii avansate local, eventual cu metastaze, deja depasite chirurgical. Implicarea vaselor mari retroperitoneale nu reprezinta pentru multi autori o limitare pentru interventii radicale, dar adesea, in fapt, constituie o bariera prin riscul operator deosebit de mare asociat.

### RETROPERITONEAL TUMORS-DIAGNOSIS AND TREATMENT ASPECTS

Retroperitoneal tumors are very rare, but even the more spectacular, associated with an extremely bad prognostic. Because of their low incidence, but also of the lack of standardization between medical centres, there is a significant limitation of knowledge in the management of these cases. Until now, the only treatment considered optimal has been based on a complete tumor excision, with negative margins. The difficulty in performing a radical resection, due to approach particularities of this anatomic space, tumor large dimensions at the time of the diagnosis and multi-organ and large vessels affection, explains the frequent therapeutic failure. In the attempt to analyse the characteristics of diagnosis strategy and surgical treatment results, we have conducted a study of a group of patients with the diagnosis of retroperitoneal tumors with extradiigestive origin, treated in the 1st Surgical Clinic, Bucharest Oncology Institute. We intended to determine which were the most frequently encountered histopathologic types, tumor topographic particularities, the degree of visceral and vascular involvement. We aimed to identify factors associated with a higher survival rate and to analyse local recurrence and metastasizing tumor characteristics. The assessment of medical imaging diagnostic means of appreciable accuracy in the preoperative estimation of tumor localization and resectability, often dependent on the degree of retroperitoneal large vessels involvement, constitutes one of the targets in retroperitoneal tumors knowledge improvement. Concomitantly, we aimed to compare the results of different types of surgical interventions and of existing complementary treatments. We can conclude that retroperitoneal tumors present a large histopathologic heterogeneity and usually raise important treatment problems. They are frequently discovered in locally advanced stages, possibly with metastasis- already surgically overcome. Retroperitoneal large vessels involvement does not represent, according to many authors, a limitation to radical interventions, but often, in fact, constitutes a barrier due to the very high associated operative risk.

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## UN ADENOSARCOM MULLERIAN UTERIN CU METASTAZARE RETROPERITONEALA

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Introducere: Sarcoamele uterine reprezinta sub 3% din cancerile uterine. Dintre sarcoamele uterine, adenosarcoamele sunt extrem de rar observate si diagnosticate, examinarea histopatologica detinand un rol deosebit de important in clasarea lor corecta. Adenosarcoamele mulleriene uterine, prima data descrise in 1974, sunt constituite dintr-o componenta benigna epitelială si una malignă stromală, fiind considerate de low grade, cu potential malign redus, cu exceptia cazurilor caracterizate de proliferare excesivă sarcomatoasă sau invazie profunda in miometru. Tratamentul optim definitiv e inca insuficient precizat, evaluarea fiind limitata de numarul inca mic de cazuri raportate in literatura. Tratamentul chirurgical adoptat in general e reprezentat de histerectomie, recidivele locale fiind frecvente, iar metastazele rare. Cazul: Prezentam cazul unei paciente de 76 de ani, diagnosticata cu adenosarcom uterin operat- histerectomie totală cu anexectomie bilaterală, neglijat ulterior, recidivat local, radiotratat, care a asociat in evolutie o metastaza retroperitoneala de mari dimensiuni. Metastaza retroperitoneala, prin implicarea multiviscerală si a vaselor mari, a fost inoperabilă. Concluzii: Adenosarcoamele uterine sunt tumori rare, cu prognostic slab in cazurile avansate sau de proliferare excesivă a componentei sarcomatoase. Desi neobisnuite, pot sa apara si metastaze retroperitoneale, care ar trebui atent luate in vedere in cadrul follow-up-ului pe termen lung.

## A UTERINE MULLERIAN ADENOSARCOMA WITH RETROPERITONEAL METASTASIS

Introduction: Uterine sarcomas represent less than 3% of uterine cancers. Between uterine sarcomas, adenosarcomas are extremely rarely observed and diagnosed, histopathologic examination having a very important role in their accurate classification. Uterine mullerian adenosarcomas, first described in 1974, are consisted of a benign epithelial and a malignant stromal component, being considered low grade tumors, of low malignant potential, excepting the cases characterised by an excessive sarcomatous proliferation or profound invasion into the miometrium. The final optimal treatment is still insufficiently ascertained, its evaluation being limited by the yet small number of cases reported in literature. The surgical treatment that is usually adopted is represented by hysterectomy, local recurrences being frequent and metastases being rare. Case report: We present the case of a 76 years old patient, diagnosed with uterine adenosarcoma, operated- total hysterectomy with bilateral salpingo-oophorectomy, neglected afterwards, with local recurrence, treated by radiotherapy, which, in its evolution, associated a retroperitoneal metastasis of large dimensions. The retroperitoneal metastasis, by its multivisceral and large vessels involvement, has been inoperable. Conclusions: Uterine adenosarcomas are rare tumors, with a poor prognosis in advanced cases or in the context of sarcomatous component overgrowth. Although unusual, retroperitoneal metastases can appear and should be carefully taken into consideration during long term follow-up.

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## TRATAMENTUL CHIRURGICAL CONSERVATOR AL NEOPLASMULUI MAMAR IN CONSTANTA

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În ultimele 4 decenii conceptul de chirurgie conservatoare s-a impus ca o alternativă viabilă în arsenalul terapeutic al cancerului de sân. Această evoluție a fost determinată de concluziile numeroaselor studii clinice randomizate și de atenția deosebită acordată calității vieții pacienților diagnosticate cu neoplasm mamar, astfel încât standardul actual al tratamentului cancerului de sân din stadiile I și II este reprezentat de tehnicile de chirurgie conservatoare. Cu toate că această problemă reprezintă o preocupare constantă în ultimii 7 ani în cadrul Clinicii de Chirurgie din cadrul Spitalului Clinic Judetean Constanta, numărul de intervenții chirurgicale conservatoare reprezintă un procent de doar 11.18% din totalul operațiilor pentru neoplasmul mamar. Scopul acestei lucrări este de prezenta experiența colectivului Clinicii de Chirurgie în acest domeniu și de a identifica problemele ridicate de aplicarea în practică a acestui concept în contextul medicinei românești, în dorința ca această opțiune terapeutică să devină o realitate a chirurgiei cancerului de sân din țara noastră.

## SURGICAL CONSERVATIVE TREATMENT OF BREAST CANCER IN CONSTANTA

In the last 4 decades the concept of conservative surgery imposed itself as a viable alternative in the therapeutic scheme of breast cancer. The evolution was determined by the conclusions of numerous randomized clinical studies and by the special attention given to the quality of life of the patients diagnosed with breast cancer, so that the actual standard of treatment in breast cancer in stages I and II is represented by conservative surgery techniques. Although this pathology represents a constant preoccupation in the last 7 years in the Surgery Clinic of County Hospital Constanta, the number of conservative surgery in breast cancer represents only 11.18% out of a total number of interventions for breast cancer. The purpose of this article is to present the experience in this domain in the Surgery Clinic of County Hospital Constanta and to identify the problems of application into practice of this concept in the context of Romanian medicine, wishing that this therapeutical option to become a reality in the surgery of breast cancer in our country.

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## NEOPLASM CU ALTA LOCALIZARE DUPA TUMORA KLATSKIN OPERATA

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Prezentare de caz tumora klatskin IIIb rezecata cu evolutia postoperatorie buna, diagnosticat la 3 ani cu tumora gastrica

## MALIGNANT TUMOR WITH DIFFERENT LOCALISATION AFTER KLATSKIN TUMOR SUCCESSFULLY RESECTED

Case report IIIb klatskin tumor successfully resected with good postoperative outcome is diagnosed 3 years later with a gastric tumor