Aim of study. Complex case of differential diagnosis and treatment of low-grade SESGS endometrial stromal sarcoma.
Materials and methods. A 42-year-old patient underwent several endometrial curettages due to endometrial polyps, the last one in 2017. She was treated conservatively with progestins /contraceptives. At the time of addressing MedPark International Hospital, the clinic worsened, including digestive/urinary symptoms. The MRI of 03.10.2020 shows: Polycameral solid-cystic formations in bilateral ovaries (82x60x54 mm on the right, 56x116x67 mm on the left) cancer pattern suspicious. Endometrium – inhomogeneous formation 24x38 mm, diffusion restriction and slow contrast accumulation; the histological block performed in 2017 reevaluated, subjected to immunohistochemistry. The diagnosis of SESGS was established. On 26.10.2020 the patient underwent total abdominal hysterectomy with bilateral salpingo-ovariectomy, regional lymph node dissection, supra- and infracolic omentectomy, anterior rectal resection with anastomosis.
Results. Cytoreductive result: no residual tumor. Blood loss 190 ml,stay days 4. (pT3b stage, FIGO IIIB; pN0, LV1; R0). Postoperatively, adjuvant external/endovaginal radiotherapy, hormone therapy. On an imagistic follow-up after 40 months there were no signs of tumour relapse.
Conclusions. Total hysterectomy and adnexectomy is the first line treatment of SEGS. The benefit of lymphadenectomy and cytoreductive surgery is unclear. Histopathology report, immunohistochemistry, MRI can be avoided in favor of routine ultrasonography. Histopathology report if unclear has to be completed by immunohistochemistry and MRI added to routine ultrasonography.
Keywords. Low-grade endometrial stromal sarcoma, immunohistochemistry

TUMORILE RETROPERITONEALE PRIMITIVE: DIAGNOSTIC ȘI TRATAMENT

Victor Schiopu, Valeria Pînazaru, Mihaela Gherasim, Lorena Mednicov, Igor Vinogradov, Mircea Cernat, Lilian Antoci, Nicolae Ghidirim
USMF Nicolae Testemițanu, Institutul Oncologic, Chișinău, Republica Moldova

Scopul lucrării. Spațiul retroperitoneal constituie un mediu propice pentru dezvoltarea tumorilor organice, metastatice și primare. Tumorile retroperitoneale (TRP) sunt rare, reprezentând doar 0,1%-0,2% din totalul neoplaziilor, majoritatea dintre ele fiind maligne. Diagnosticul precis și excizia completă a tumorii sunt factori cheie în determinarea supraviețuirii pacienților cu TRP. Scopul acestui studiu este de a evalua caracteristicile clinice și imagistice ale tumorilor retroperitoneale pentru a îmbunătăți diagnosticul și tratamentul pacienților cu tumori retroperitoneale primitive.
Materiale și metode. Studiul a analizat datele a 118 pacienți cu TRP investigați și tratați în perioada 2015-2020.
Rezultate. Rezultatele au arătat că majoritatea tumorilor au fost primitive (71,18%) și maligne, cu o prevalență mai mare la femei. Manifestările clinice au fost diverse și au fost cauzate de presiunea exercitată de tumorile masive asupra organelor retroperitoneale. Tumorile retroperitoneale au avut o evoluție clinică lentă, cu dimensiuni medii de 17,3 cm și o perioadă de boală de 13 luni. Diagnosticul definitiv s-a realizat prin examinare morfologică și imunohistochimie.
Concluzii. Spațiul retroperitoneal este o zonă în care se dezvoltă o varietate de tumori maligne. Tratamentul adecvat necesită intervenții chirurgicale complexe și abord oncologic specializat, efectuate de o echipă medicală bine pregătită.
Cuvinte cheie. TRP, sarcom, spațiu retroperitoneal, diagnostic

PRIMITIVE RETROPERITONEAL TUMORS: DIAGNOSIS AND TREATMENT

Victor Schiopu, Valeria Pînazaru, Mihaela Gherasim, Lorena Mednicov, Igor Vinogradov, Mircea Cernat, Lilian Antoci, Nicolae Ghidirim
Nicolae Testemitanu State University of Medicine and Pharmacy, Oncology Institute, Chișinău, Republic of Moldova

Aim of study. The retroperitoneal space represents a conducive environment for the development of organic, metastatic, and primary tumors. Retroperitoneal tumors (RPT) are rare, accounting for only 0.1%-0.2% of all neoplasms, with the majority being malignant. Accurate diagnosis and complete tumor excision are key factors in determining the survival of RPT patients. The aim of this study is to evaluate the clinical and imaging characteristics of retroperitoneal tumors to improve the diagnosis and treatment of patients with primitive retroperitoneal tumors.
Materials and methods. The study analyzed data from 118 patients with RPT who were investigated and treated between 2015 and 2020.
Results. The results showed that the majority of tumors were primitive (71.18%) and malignant, with a higher prevalence in women. Clinical manifestations varied and were mainly caused by the pressure exerted by massive tumors on the retroperitoneal organs. Retroperitoneal tumors had a slow clinical evolution, with an average size of 17.3 cm and a disease period of 13 months. Definitive diagnosis was made through morphological examination and immunohistochemistry.
Conclusions. The retroperitoneal space is an environment where a variety of malignant tumors develop. Adequate treatment requires complex surgical interventions and specialized oncological approaches performed by a well-trained medical team.
Keywords. TRPs, sarcoma, retroperitoneal space, diagnosis

LIPOSARCOM RETROPERITONEAL GIGANT

Lorena Mednicov[1], M. Cernat[1], V.Șchiopu[2], L. Antoci[1]
[1] Institutul Oncologic din Moldova, Chișinău, Moldova; [2] Catedra oncologie, Universitatea de Stat de Medicină și Farmacie "N.Testemițanu", Chișinău, Moldova

Introducere: Liposarcomul (LS) este o tumoare malignă rară care provine din țesutul adipos. Poate apărea oriunde este prezent țesut adipos. LS retroperitoneal reprezintă 12% până la 40% din totalul liposarcoamelor, cu o rată de incidență estimată 0,5 la 100.000