RECURRENCE RATES AFTER PELVIC GYNAECOLOGIC NEOPLASMS AND LYMPH NODES AS PREDICTORS

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Problem statement: The authors wanted to know the level of prediction of invaded lymph nodes in the appreciation of recurrence of genital cancers. We performed a study highlighting the loco-regional and lymph node recurrence, after the radical interventions .

Methods: We searched for the number of invaded lymph nodes from the area in which lymphadenectomy was performed and we also used the technique of the sentinel lymph node . In the First Clinic of General Surgery and Surgical Oncology , a clinic with 70 hospital beds , of the Bucharest Oncology Institute, in Bucharest, Romania, in a 5 year time interval (1/01/2012-31/12/2017), we studied cancer recurrence after the standardized oncological surgical techniques in pelvic gynecologic cancers ,performed by general surgeons specialized in surgical oncology. The degree of relapse was associated with the number of invaded lymph nodes at the moment of the first surgical procedure .

Results: Out of the total of 2100 patients operated on with the radical interventions for cervical cancer, ovarian cancer and cancer of the uterine corpus during a period of 5 years , the recurrences encountered were around 20%, and we could relate them with the number of invaded lymph nodes .

Conclusions: The authors consider that the recurrence rate is associated with the number of invaded lymph nodes and with the position of the sentinel lymph node . We believe that the wider use of the technique of sentinel lymph node in pelvic gynecologic surgery could lead to the decrease in unnecessary complications.

Visceral resections associated with tumour recurrence

1 2 3 4 5 6 7 8 9 10 11

- 1.Wall resection
- 2.sigmoid rezection
- 3.Enterectomy
- 4.Appendectomy
- 5.Peritoneal tumour resection
- 6.Splenectomy
- 7.Partial gastrectomy
- 8.RFA of liver metastases
- 9.Transverse colectomy
- 10.RFA of lymph node metastases
- 11.Partial cystectomy

Peritoneal carcinomatosis

RFA in liver metastasis from ovarian cancer

RFA on the interaorticocaval lymph nodes