

axilla. In three counties all new breast cancers among women age 70 or younger (n = 1913) were included in the study.

Information from the Danish Cancer Registry and DBCG were compared and missing data in the DBCG database was collected from the medical records in the county of Fünen (n = 670), Aarhus (n = 721) and Northern Jutland (n = 522) for the periods 1996–1997 and 2002. None of the three counties had introduced the SNLB in 1996–1997, however in 2002 the method was standard for staging the axilla in Fünen and Aarhus. Fünen was further characterized from the two other counties because of mammography screening.

Results: Unadjusted odds-ratios (OR) for a patient having lymph node metastasis significantly increased from 1996–1997 in Aarhus and Fünen (1.46 with 95% CI: 1.18 – 1.81) but not in Northern Jutland (1.23 with 95% CI: 0.87 – 1.72). Adjusted for age, histological type, tumor size, estrogen receptor status, malignancy grade and type of breast surgery (mastectomy/lumpectomy) gave for Aarhus and Fünen OR 1.65 with 95% CI: 1.30 – 2.10 and the result in Northern Jutland was OR 1.01 (95% CI: 0.84 – 1.20). However the distribution between high-risk and low-risk patients did not change significantly from 1996–1997 compared with 2002 in the two counties where SNLB were used.

Conclusion: The SLNB results in statistically significant increase in the probability detecting lymph node metastasis in populations where the SNLB is used compared to populations where the method is not used. The unchanged distribution between high- and low-risk patients suggests that SNLB has only little impact on the choice of adjuvant therapy.

Poster presentations (Mon, 31 Oct)

Surgery

1440

POSTER

Use of endovideosurgery in diagnostics and treatment of abdominal oncology

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Aims: Use of new technology in diagnostics and treatment of abdominal oncology

Material and methods: Videolaparoscopy was used in diagnostics and treatment of 440 patients with abdominal oncology during the period from 1995 till 2004. The aims of endovideosurgical interventions were disease staging, estimation of operability of a tumour or realization of curative measures. In this group in 85 cases during videolaparoscopy cancer spreading on parietal and visceral peritoneum or multiple metastases of the liver were revealed that has allowed to avoid unnecessary laparotomy and the patients were discharged for symptomatic treatment on 3 or 4 day after operation. At 16 patients with inoperable tumours were carried out miniinvasive interventions under laparoscopic control, in particular gastrotomy in 5 cases, colostomy in 5, cholecystoenterostomy in 6 cases.

Results: In 225 cases during laparoscopic exploration signs of remote metastases and unresectable tumours were not found and laparotomy was undertaken. In 189 cases the data of videomonitoring of operability of a tumour have proved to be true and radical operation were performed. In 36 cases (16.0%) the tumour has appeared unresectable and there were false positive results of patient operability.

In 64 cases laparoscopy was made due to ultrasonic or CT signs of liver lesions. In this group of patients the primary carcinoma of the liver was diagnosed in 5 cases, metastases in the liver were revealed in 27, liver hemangiomas in 16, liver cysts in 4, and diffuse lesions of the liver in 12 cases.

In 14 cases second-look laparoscopy was carried out with the aim of estimation of the remote results of the treatment.

In 26 oncological patients with concomitant gallstone disease laparoscopic cholecystectomy was performed. In 16 patients with the advanced mammary cancer bilateral laparoscopic ovariectomy was performed as a stage of complex treatment.

Conclusion: Endosurgical interventions in abdominal oncology has allowed to facilitate diagnostic and treatment tasks, to specify tumor histotype and patient operability and perform miniinvasive palliative operations in the cases of unoperable tumor. Serious complications during laparoscopic interventions were not observed except 2 cases (0.5%) of hematomas of abdominal wall in the place of trocar insertion.

1441

POSTER

Craniofacial tumors. the operation and reconstruction

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Introduction: The skull base reconstruction is a very important procedure in the cases of radical resection of skull base tumors.

Materials and Methods: We presented 72 patients (male 40, female 32), aged 3.5 to 76 years, with skull base tumors extending into the orbits and paranasal sinuses (benign 45, malignant 27). All these lesions were divided into 3 groups:

- **I group.** The midline lesions (42 cases) included defects of ethmoid and sphenoid sinuses, frontal sinuses, medial parts of maxillary sinuses.
- **II group.** The lateral lesions involved lateral parts of frontal sinus, upper-lateral parts of maxillary sinus as lateral skull base defects (19 cases).
- **III group.** Combined skull base defects included both medial and lateral defects with widely opened paranasal sinuses and nasopharynx. (11 cases).

Results and Conclusions: It's important to emphasize that the reconstruction with a periosteum flap from frontoparietal area should be preferred in midline defects, a temporalis muscle flap with adjusted periosteum-in lateral defects. The reconstruction with autograft using microsurgery technique (m. latissimus dorsi flap, m. pectoralis, combined flap using m. pectoralis and m. abdominalis rectus musculocutaneous flap, omentum, m. latissimus dorsi with split-rib grafts) is indicated in case of combined defects. It's observed that two patients had nasal cerebrospinal fluid leak which resolved after continuous lumbar drainage. Preoperative planning of optimal method of closure of skull base defect depends on location and expansion of skull base tumor.

Keywords: Skull base tumors; skull base reconstruction

1442

POSTER

Clinical experience of the staple line wrapping with absorbable felt to prevent air leakage after thoracoscopic surgery

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Background: To prevent the postoperative prolonged air leakage, staple-line reinforcement is often needed for the patients with emphysema combined with lung cancer. The purpose of this study is to evaluate the merit and demerit of suture-line wrapping method with polyglycolic acid (PGA) felt for lung resection by video-assisted thoracoscopic surgery (VATS).

Methods: PGA felt wrapping procedures were as follows. After the lung resection with autosutures, we tied 3 to 5 sections of staple line using 1–0 silk and threaded the sheet of PGA through the access port. PGA felt was fixed by 1–0 silk ligatures and 100 mg minocycline (MINO) solution was applied to the PGA sheet.

Since January 2003, VATS with PGA felt wrapping were performed for 20 patients (Group A), and VATS without wrapping were 20 (Group B), prospectively. We compared both groups to check the clinical course and complications.

Results: The average of postoperative drainage period was 1.5 days in group A (range 1 to 4), and 1.9 days in group B (range 1 to 8). The rate of prolonged air leaks (more than or equal to 5 days) was 0% in group A, and 10.0% (2 cases) in group B. One case in group B was needed re-operation for air leakage.

Patients treated PGA felt had shorter periods of postoperative drainage. However, there was one patient with postoperative empyema in group A. Six days later after the drain was withdrawn, empyema was suspected. Turbid effusion was discharged by thoracocentesis and methicillin-resistant staphylococcus aureus (MRSA) was cultured. Irrigation and Teicoplanin (Targosid) administration were effective and, after 2 weeks, MRSA died away. We had no need to remove the PGA felt. There was no other postoperative complication and no mortality in both groups.

Conclusions: VATS with PGA felt is a useful method that may reduce the air leakage from the staple line and postoperative chest drainage periods. However, we must be careful about the postoperative empyema.