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TRANSPOSITION OF OVARIES BY THE COMPLEX TREATMENT OF THE YOUNG WOMEN' INVASIVE FORMS OF THE CANCER OF THE CERVIX OF THE UTERUS

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A new method at the Institute to preserve the ovaries' functions after the extended Wertheim's type operations has been developed.
The ovaries are transposed in the upper part of the abdominal cavity while the vascular stem is isolated with the formation of lateral extra-abdominal channels. The ovaries are fixed on the level of the lower edge of the rib's arch. The ovaries are marked with titan clips for future tonometric visualisation. Radiation affection during post-operation therapy is excluded. 63 such operations were so far performed. The average age of the patients was 31-32 years. Observation ranged from 1-5 years. In no case was the metastatic affection of the ovaries brought to light. Preservation of the ovaries function was confirmed in 92,4% of all cases. During check-up functional diagnosis tests and investigation of hormonal blood profile were regularly used.

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HIGH DOSE RATE INTERSTITIAL BRACHYTHERAPY OF LOWER GYNECOLOGICAL TRACT CANCER

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For patients with advanced carcinoma of the cervix or vagina, it is difficult to deliver an adequate dose distribution to the target volume with conventional intracavitary treatment while limiting the dose to the bladder and rectum. We resolved this dilemma at our institution by using an interstitial procedure instead of the intracavitary approach. We have treated seven patients with this technique since September 1991. The ages range from 44 - 83 years old. In three patients the implant was combined with external beam therapy in treating primary carcinoma of the vagina. In the other four patients, the implant was the sole therapeutic modality in treating biopsy proven locally recurrent carcinoma of the cervix in the paravaginal area. These patients had received prior external beam and intracavitary radiation for advanced carcinoma of the cervix 3 - 4 years earlier. A total of 7 - 8 interstitial treatments of 300 cGy each were delivered on a BID basis with a minimum of 5 - 6 hours between treatments. Computerized dosimetry was used to determine the appropriate dwell times to enable the 300 cGy isodose curve to envelop the needles with a 0.5 cm. margin and circumvent the rectum. The procedure was extremely well tolerated. This is significant considering the age of three patients; 78, 81 and 82 years-old. 5 of 7 patients are NED on clinical examination at 3 - 17 months from completion of treatment without any morbidity. The flexibility of the single stepping source remote afterloader enabled us to compensate for certain unavoidable dose inadequacies resulting from sub-optimal needle positioning and to reduce the dose to sensitive structures such as the rectum.

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COMPARATIVE STUDY OF EXCLUSIVE RT OR COMBINED WITH SURGERY IN STAGE IIa AND IIb PROXIMAL CARCINOMA OF THE UTERINE CERVIX.

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INTRODUCTION : The aim of the study is the evaluation of the results obtained by each method of treatment.
MATERIAL & METHOD : 310 women with squamous cell carcinoma of the uterine cervix, were separated in two groups according to their treatment. The groups were identical to the prognostic factors. FIGO staging system was used and the tumor diameter ranged between 2 - 5 cm.
160 women (group A) received preoperative RT (external & brachytherapy) followed 4- 5 weeks later by TAH with lymphadenectomy. In 150 women (group B) treatment consisted of exclusive RT.
RESULTS :
- 75% of the patients group A had no histological disease after RT.
- Overall and relapse free 5 year survival was for stage IIa 83% in group A versus 75% in group B, and for stage IIb-p 80% in group A versus 75% in group B
- Loco regional relapses were observed in 8% of the group A versus 11% of the group B. The RT complications were mild and more frequent in group B.

CONCLUSION
- Combination of RT and Surgery offers slightly better results (non statistically significant) from exclusive RT.

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A CASE OF VAGINAL RECONSTRUCTION WITH A MUSCULUS RECTUS ABDOMINIS MYOCUTANEOUS FLAP AND PERINEAL CONTINENT COLOSTOMY AFTER POSTERIOR PELVECTOMY.

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A 43 years old woman presented with a poorly differenciated squamous cell carcinoma of the low rectovaginal wall. An attempt for a conservative treatment was made with an external radiation combined to chemotherapy (5-FU, CDDP). We obtained a good clinical response on the tumor but the patient developped a recto vaginal fistula through the anal sphincter, surrounded by residual tumor. The patient was then treated with a posterior pelvic exenteration. We performed a vaginal and pelvic floor reconstruction with a left musculus Rectus Abdominis island skin flap. A continent perineal colostomy was added. Complete healing was obtained without complication.
Surgical procedures will be detailed and immediate and distant results will be presented.

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ROLE OF ADJUVANT RADIOTHERAPY OF THE ENDOMETRIAL CARCINOMA STAGE I

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The aim of the study was to estimate contribution of adjuvant radiotherapy in local control and survival of the patients with endometrial carcinoma stage I. From 1987-1990, 232 pts. with FIGO stage I endometrial adenocarcinoma were prospectively treated with postoperative radiation. All patients were devided in two subgrupes accoding to low-risk and high-risk attributes. Low-risk group (grade 1 or 2, myometrial invasion less than 50%, focal invasion) was treated with intravaginal HDR irradiation (4 x 750 cGy to 0,5 cm). Combined postoperative radiation was applied in the treatment of high-risk group (grade 1 or 2 with greater than 50% myometrial invasion, grade 3, diffuse myometrial invasion, incidental cervical involvement and positive pelvic and additional dose of 4 x 500-750 cGy to 0,5 cm depth with intravaginal HDR irradiation.

The estimated 5 year survival for all 232 pts. was 89% and 5 year desease-free interval was 92%. Regional control was achieved in 98% (low-risk group) and 88% (high-risk group) with 1,6% and 6% recurrences retrospectively. 4% serious complication occured in patients receiving combined radiotherapy. From these results, it was concluded that adjuvant intravaginal and combined radiotherapy can achieve excellent survival in low-risk and high-risk group endometrial carcinoma stage I.

Key words: endometrial carcinoma, adjuvant radiotherapy, predicatives factors.

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LATE SIDE EFFECTS OF RADIOTHERAPY TREATMENT IN ADVANCED CERVIX CARCINOMA

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The aim of this study was to evaluate relation between radiation doses, different radiation techniques and results of treatment as well as the frequency of late side effects. During the period of 1986 - 1987, 466 patients were treated with combined therapy (EBRT-two opposite parallel fields and HDR Co60 brachytherapy). Patients were classified in three treatment groups (TG): TG1 (EBRT 20 Gy open field + 16 Gy central schield 4 cm + 10 Gy central schield 8 cm and HDR 4 x 10 Gy to point A) N-196 (42,3%); TG2 (EBRT-20 Gy open field + 26 Gy central schield 4 cm and HDR 4 x 10 Gy to point A), N - 188 (40,3%); TG3 (EBTR 46 Gy open fields and HDR 4 x 7 Gy to point A. N - 81 (71,4%).

Late side effects developed in 265 patients - 61%, in the same percentage as 5 year survival of 61,4% for the all group.

There is not significant correlation of the number of the late side effects and the stage of disease (p>0,05). Stage I - 58,8%; stage II - 59,2%; stage III - 67,2%. Also there was no correlation between middle G-2 - 26,3% and severe G-3 7,6% late side effects in the stages of disease. Most frequent late side effects were digestive 27,9%, urological 17,1% and others 16,1%, with the same frequency in all treatment groups.

The conclusion is that the patients who are still alive, live with late side effects and that the radiotherapy treatment was in the limits of tolerance of the organs at risk.

Key words: cervix carcinoma, radiotherapy, late side effects.