

PROGNOSTIC FACTORS FOR SURGICAL OUTCOME AND SURVIVAL IN WOMEN TREATED FOR BORDERLINE OVARIAN TUMORS

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Objectives: The aim of the study was to evaluate the clinicopathological features and modalities of treatment affecting recurrence and survival in patients with borderline ovarian tumours.

Methods: Data of 92 patients diagnosed with borderline ovarian tumours (BOTs) during the period from 2010 to 2017 in the National Cancer Institute (NCI), Cairo University, Egypt were retrospectively evaluated.

Results: Median follow up period was 42 months. The mean age at diagnosis was 42.7 yrs. Histopathology was serous in 63%, mucinous in 28.3%, and endometrioid in 3.3%. 65 patients (70.7%) had stage IA disease, 17 patients had stage IB disease (18.5%), 4 patients had stage IC disease (4.3%), 2 patients had stage II disease (2.2%) and 4 patients had stage III disease (4.3%) at diagnosis. 49 patients (53.3%) underwent fertility sparing surgery, of which 19 patients underwent unilateral ovarian cystectomy, 5 patients underwent Bilateral ovarian cystectomy, 25 underwent unilateral salpingo-oophorectomy. 43 patients (46.7%) underwent radical surgery including hysterectomy, bilateral salpingo-oophorectomy. 39 patients had micropapillary disease (42%) and two patients had microinvasive disease (2.2%) on histopathology. Six patients (6.5%) had peritoneal implants of which one was invasive and five were non-invasive. Recurrence rate in the entire study group was 18.5%, 17.6% among patients underwent radical surgery and 82.4% among patients underwent fertility sparing surgery. 12 of the recurrences (70.6%) were at borderline whereas five were invasive (29.4%). Stages IA and IB had significantly higher disease free survival than other stages. Patients with micro invasion had significantly lower free disease free survival 10.5 (9.52-11.5) vs. 77.6 (70.9-84.1). Radical surgery had significantly higher FDS than fertility sparing surgery 75.8 (70.2-81.4) vs. 68.5 (58.2-78.8).

Conclusions: The results of our study underline the good prognosis of patients with BOTs, although relapse and transformation into invasive disease may occur even after a long period of time. The treatment of BOTs should be oriented on individual criteria of the patient and tumor. Prolonged follow-up is required to detect patients at risk of relapse and to select appropriate treatment for them.

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