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CASE REPORT

A CASE OF NON-PALPABLE, MULTIFOCAL, HETEROGENEOUS LEFT BREAST CARCINOMA WITH MAMMOGRAPHIC PRESENTATION OF CLUSTERED MULTIPLE MICROCALCIFICATIONS

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Abstract

Introduction. In 2018, the number of newly diagnosed breast carcinomas in the 28 countries of the European Union was 404 920, with an estimated annual incidence of 144.9/100 000. Figures have increased since the introduction of mammography screening and continue to rise with population aging. Mammograms may convey clinically occult breast cancer, which is associated in some cases with the presence of clustered microcalcifications.
Case presentation. We present the case of a 64-year-old patient with multifocal invasive ductal left

Résumé

Un cas de carcinome du sein gauche hétérogène multifocal non palpable avec présentation mammographique de microcalcifications multiples agrégées

Introduction. En 2018, le nombre de cancers du sein nouvellement diagnostiqués dans les 28 pays de l'Union européenne était de 404 920, avec une incidence annuelle estimée à 144,9/ 100 000. Les chiffres ont augmenté depuis l'introduction du dépistage par mammographie et continuent d'augmenter avec le vieillissement de la population. Les mammographies

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breast cancer and lobular carcinoma in situ, diagnosed after biopsy of a mammogram-marked area with clustered microcalcifications. The patient underwent subsequent radical surgical treatment.

Conclusions. Clustered microcalcifications on mammograms may indicate clinically occult breast cancer. These lesions cause clinical and diagnostic difficulties due to the inability of ultrasound visualisation and the option to perform punch biopsy, as recommended by European Society for Medical Oncology. Excision biopsy by mammography-guided wire marking and pathological-anatomical examination of the entire resectate can detect tumour heterogeneity, which is important for the subsequent therapeutic strategy and prognosis of the disease.

Keywords: clustered microcalcifications, mammography-guided metallic marker, heterogeneity of mammary gland tumour.

List of abbreviations:
LCNB – large-core needle biopsy
FNAB – fine needle aspiration biopsy
ESMO – European Society for Medical Oncology
LMG – left mammary gland
DCIS – intraductal carcinoma
LCIS – lobular carcinoma in situ

peuvent signaler un cancer du sein cliniquement occulte, associé dans certains cas à la présence de microcalcifications en grappes.

Présentation du cas. Nous présentons le cas d'une patiente de 64 ans atteinte d'un cancer du sein gauche canalaire invasif multifocal et d'un carcinome lobulaire diagnostiqué in situ après biopsie d'une zone marquée par mammographie avec des microcalcifications en grappes. Le patient a subi un traitement chirurgical radical ultérieur.

Conclusion. Les microcalcifications groupées sur les mammographies peuvent indiquer un cancer du sein cliniquement occulte. Ces lésions entraînent des difficultés cliniques et diagnostiques en raison de l'impossibilité de visualiser par les ultrasons et de l'option d'effectuer une biopsie par ponction selon la recommandation de la Société Européenne d'Oncologie Médicale. La biopsie d'excision par marquage au fil guidé par mammographie et l'examen anatomo-pathologique de la zone réséquée peuvent détecter une hétérogénéité tumorale qui est importante pour la stratégie thérapeutique et le pronostic de la maladie.

Mots-clés: microcalcifications groupées, marqueur métallique guidé par mammographie, hétérogénéité de la tumeur de la glande mammaire.

Introduction

In 2018, the number of newly diagnosed breast cancer cases in the 28 European Union (EU) countries was 404,920, with an estimated annual incidence of 144.9/100 000[1]. In Bulgaria, the incidence in 2018 was 98.8/100 000 or 26.9% of all newly registered women with cancer[1]. Incidence rates have increased since the introduction of mammography screening and continue to rise with population aging. In recent years, mortality has declined in most Western countries, due to improved treatment and earlier detection[2]. Large-core needle biopsy (LCNB), or, if not possible, fine needle aspiration biopsy (FNAB), are recommended by the European Society for Medical Oncology (ESMO) Clinical Practice Guidelines on Breast Cancer, for pathological diagnosis of breast cancer. Excision biopsy is an option when 'repeated' main biopsy methods (FNAB or punch) have failed to diagnose the tumour[3]. Ultrasound-guided biopsy is recommended if the lesion is non-palpable[4]. However, there is a small group of lesions difficult for ultrasound detection, causing clinical and diagnostic challenges.

Case presentation

We present the case of a 64-year-old female patient, with an asymptomatic non-palpable left breast cancer. The patient has signed an informed consent prior to performing any diagnostic or treatment procedures.

In December 2018, a screening mammography was performed, which showed clustered microcalcifications in the upper lateral quadrant of the left mammary gland (Fig. 1). The patient did not undertake any further diagnostic procedures. Repeated mammogram was performed in September 2019, after clinical examination. Clusters of granular microcalcifications were described in the upper outer quadrant of the left mammary gland, increased in number and density, compared to the mammogram of December 2018 (Fig. 2). The finding was classified as BI-RADS 4c, highly suspected of malignancy > 50 to 95%. The patient was hospitalised in a surgical clinic for diagnostic clarification. Physical examination did not detect at palpation solid lesions or increased density in both mammary glands, nor pathologically enlarged axillary lymph nodes. Chest radiography showed no anomalies, and breast ultrasound did not visualize

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CASE REPORT

A fatal case of classic Potter's Syndrome

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ABSTRACT

Potter's sequence is a rare and fatal disease. There are four types of Potter's Syndrome. Neonates with classical Potter's sequence are with oligohydramnios and bilateral renal agenesis. They die shortly after birth because of severe respiratory distress due to pulmonary hypoplasia. Babies have typical physical features — Potter's face, absence of kidneys and skeletal malformations. We report a fatal case of Potter's sequence with a typical physical appearance. We performed an autopsy after the delivery.

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KEY WORDS: Hereditary renal agenesis; Oligohydramnios; Body physical appearance.

The syndrome was first described by Edith Potter in 1946, an American pathologist.[1, 2] It is also known as Potter's sequence or oligohydramnios sequence. That is because the sequence of events that leads to the development of this condition is the same.[3] Male babies are affected more than female. The main defect is renal failure, which is accompanied by oligohydramnios and bilateral pulmonary hypoplasia.[2, 4] Renal defects could be bilateral renal agenesis, severe hypoplasia, dysplasia, polycystic kidney, and obstructive uropathy.[3] Other physical findings include premature birth, breech presentation, a typical facial appearance (Potter's facies), and limb malformations.[2, 4]

Case report

A 17-year-old woman, primi gravida, delivered 35-week-old female fetus with Potter sequence, born through normal delivery with fetal presentation. The neonate was put on ventilation because of severe respiratory distress. Neonatal resuscitation was performed, but the baby neonate died due to respiratory failure 20 minutes after birth. Apgar score 1-1.5 min -1.[5] The baby weighed 2055 g. Placenta was with normal fetal surfaces and calcification on the maternal surfaces. The woman had no history of any obstetric pathologies – hypertension, diabetes, infection, thyroid. She did not take any teratogenic drugs. The pregnancy was unfollowed. Ultrasound examination before the delivery showed oligohydramnios, no kidneys and posterior placenta grade 3. The body was with equinovarus deformity of lower limbs (Figure 1). The facial features of baby were flattened face and nose, recessed chin and low set ears (Figure 2). An autopsy of the fetus was performed the findings were: hypoplastic lungs and no kidneys (Figure 3, 4).

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A rare clinical case of synchronous colorectal cancer, affecting the transverse colon

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CASE STUDY

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ABSTRACT

Synchronous colorectal cancer is a rare condition, which presents with the simultaneous development of more than one primary carcinoma and affects different segments of the colon and rectum. The incidence of this disease is about 3.5 per cent of all carcinomas of the colon and rectum and more often affected men. Adenocarcinoma is the most common histological type for synchronous colorectal cancer.

We present a rare clinical case of a 62-year-old woman with synchronous colorectal carcinoma, located in the transverse and sigmoid colon and verified histologically by colonoscopy.

Key Words
Colorectal cancer, synchronous colorectal cancer, colorectal adenocarcinoma

Implications for Practice:

1. What is known about this subject?
Synchronous colorectal cancer is a rare condition. Its incidence is about 3.5 per cent of all carcinomas that involve the colon and rectum.

2. What new information is offered in this case study?
The two synchronous colon carcinomas are of the same histology but with different malignant potential.

3. What are the implications for research, policy, or practice?
It complements the knowledge about synchronous colorectal carcinoma.

Background

Synchronous colorectal cancer is a relatively rare condition, which presents with the simultaneous development of more than one primary carcinoma and affects different segments of the colon and rectum. Its incidence is about 3.5 per cent of all carcinomas that involve the colon and rectum.[1] The gender distribution of this disease in females and males is respectively 1:1.8,[2-6] mean age 63.[7-11] Adenocarcinoma is the most common histological type for synchronous colorectal cancer.[12]

We present a rare clinical case of a 62-year-old woman with synchronous colorectal carcinoma, located in the transverse and sigmoid colon and verified histologically by colonoscopy.

Case details

We present a 62-year-old woman with comorbidities of arterial hypertension, chronic bronchitis and pulmonary emphysema. She was initially admitted to the Clinic of Gastroenterology and Hepatology in Dr. Georgi Stranski University Hospital in Pleven, Bulgaria. The patient presented with persistent constipation, continuing for years

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REVIEW PAPER

Aetiology, diagnosis, and clinical management of vulvodynia

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Abstract

Chronic vulvar pain or discomfort for which no obvious aetiology can be found, i.e. vulvodynia, can affect up to 16% of women, and it may be found in girls and women across all age groups and ethnicities. Most patients describe it as burning, stinging, irritation, or rawness. The symptoms may spread to the whole vulva (generalised vulvodynia) or only to part of it, such as the clitoris (clitorodynia) or the vestibule of the vagina (vestibulodynia). This condition is often underreported and underrecognised by health care providers. Vulvodynia is a significant burden to society, the health care system, the affected women, and their intimate partners. It has a negative impact on quality of life. Vulvodynia is a diagnosis of exclusion with unknown aetiology. The gynaecologist plays a key role in excluding other causes of vulvar pain, and collaborating with other health care providers to manage the patient's pain. Although many therapeutic options are available, such as vulvar care measures, psychological approaches, local treatment, oral medications, surgical procedures, electrical nerve stimulation, and laser therapy, there is no single treatment effective for all patients. That is why individualised management is needed. An individualised, holistic, and often multidisciplinary approach is needed to effectively manage the patient's pain and pain-related distress.

Key words: vulvodynia, aetiology, diagnosis, treatment.

Introduction

Many women feel vulvar pain or discomfort, which affects their quality of life. The vulvar pain may be caused by a specific disease or may be idiopathic. Idiopathic vulvar pain is classified as vulvodynia. Vulvodynia is defined as chronic pain or discomfort in the region of the vulva for more than three months, with no aetiological cause found [1]. If there is a present cause for the condition (lichen sclerosis, inflammation, etc.), this is not a case of vulvodynia. The symptoms may be described as itching, burning, stinging, irritation, stabbing, and/or rawness. The classification of vulvodynia is based on the description of the pain itself. The symptoms may involve the whole vulva (generalised vulvodynia) or may be localised in certain portions of the genitalia such as the clitoris (clitorodynia) or the vestibule of the vagina (vestibulodynia). Likewise, depending on whether there is a provoking aspect or not, the vulvodynia may be provoked vulvodynia (caused by placement of a swab, sexual intercourse), unprovoked vulvodynia (if there is no provoking aspect), or mixed. It is divided into primary and secondary depending on its occurrence. It also may be divided into intermittent, persistent, constant, immediate, or delayed [1].

Vulvodynia affects women of every age, reproductive period, and ethnicity. The lifetime prevalence of this condition has been estimated at 8%, and this prevalence remains constant across all decades up to the age of 70 years. The average age of the onset of this condition is approximately 30 years, while it varies extensively in the range from 6 to 70 years of age [2]. Women presenting with vulvodynia are typically in stable, long-term relationships, they have had the pain for several years, and have been examined several times by multiple physicians before receiving the diagnosis [3].

Women with vulvodynia usually search for medical aid from different health care providers – family doctors, gynaecologists, urologists, dermatologists, and others, and, as is frequently the case, they are not familiar with the condition. This results in a delay of making a diagnosis and providing treatment. Even when the diagnosis is made, a major proportion of specialists face the challenge of the condition's therapy [4]. Vulvodynia has a significantly negative influence on the psycho-sexual condition of women and their quality of life. The chronic vulvar pain may result in frustration, chronic stress, and depression in women [5, 6]. Many women with vulvodynia feel pain with sexual inter-

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CASE REPORT

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Alternative, conservative treatment of postoperative scar on left facial half due to previous re-excision of temporal malignant skin melanoma with Theresienöl

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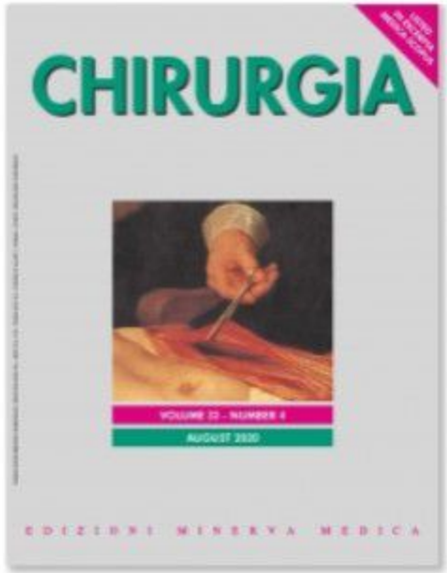
One of the basic stages in the treatment of skin malignant melanoma is performing re-excision of the affected site, which should be implemented within 4-6 weeks following the biopsy-based diagnosis. Normally the surgical incision is within the margins of 2 cm in all directions. An exception from this rule is allowed in thin lesions and such located on face area, where the margins are around 1-1.5 cm. Most of the cases after re-excision need closure of the skin defects using different various of plastic surgical recovery, which on its hand results in formation of cicatrices, varying is shape, size and location. Nowadays more and more attention is paid to local, conservative treatment of scars of different nature, the key alternatives for it being: silicon gels and dressings, pressure garments, transforming growth factor (TGF-β3) and UV-protection creams, factor >50. All of them influence upon different mechanisms in the formation of cicatrices with the sole objective the latter to be as tiny and invisible as possible. Herein we present a clinical case of alternative local treatment with Theresienöl of a scar on the left side of the face of an 82-years old woman, due to surgical treatment of nodular malignant skin melanoma, located temporally in the left.

KEY WORDS: Cicatrix; Conservative treatment; Postoperative period



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Amelanotic melanoma of the skin – detailed review of the problem

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RESEARCH

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ABSTRACT

Background
Malignant melanoma (MM) of the skin accounts for about one per cent of all malignancies in humans. Amelanotic melanoma is a rare tumour, diagnosed in eight per cent of all melanomas.

Aims
The study aimed to analyse our clinical experience with amelanotic MM of the skin and the statistical data from a retrospective five year analysis of pigmented and amelanotic types of skin melanoma. Furthermore, we compare our results to those from other teams' studies. To reach the corresponding in-depth conclusions.

Methods
The study included 151 patients with malignant melanoma of the skin, diagnosed and treated at Dr. Georgi Stranski University in Pleven, Bulgaria, between 2012 and 2016. All the patients signed informed consent forms.

Results
Of the 151 patients we studied, 14 (9.3 per cent) were diagnosed with amelanotic melanoma. The average Breslow thickness in patients with amelanotic MM was 4.2mm, while in pigmented MM patients it 2.1mm. Local recurrence rates (35.7 per cent) were higher in patients with amelanotic melanoma. Distant metastases were found in 39 of all tested patients with melanoma. Of the 14 patients with amelanotic MM, eight had such metastases.

Conclusion
Amelanotic melanoma was diagnosed too late. Local recurrences were six times as many as the ones diagnosed in pigment melanoma. Distant metastases were twice as many, and mortality rates were three times higher.

Key Words
Amelanotic melanoma, malignant melanoma, pigment melanoma

What this study adds:

1. What is known about this subject?
Amelanotic melanoma is a rare tumour, diagnosed in eight per cent of all melanomas and its progression is more malignant as compared to that of pigmented MM.

2. What new information is offered in this study?
Amelanotic melanoma has more often local recurrences, distant metastases and the mortality rate is three times as high as pigmented melanoma.

3. What are the implications for research, policy, or practice?
Amelanotic melanoma has to be treated more aggressively and monitored more actively than pigmented melanoma.

Background

Malignant melanoma (MM) of the skin accounts for around

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CASE REPORT

An Extremely Rare Case of Asymptomatic Choriocarcinoma, Originating from the Interstitial Part of the Fallopian Tube

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Keywords Choriocarcinoma · Ectopic pregnancies · β-hCG · Organ-conserving surgical intervention

Introduction

Choriocarcinoma is a trophoblastic, extremely rare malignant formation with incidence of 0.133 per 100,000 woman years [1]. It is most common as a result of a malignant transformation of a molar pregnancy and significantly less frequent after an abortion, normal birth or an ectopic pregnancy [2]. The incidence is considered to be 1 per 5333 ectopic pregnancies and 1 per 1.6 million normal intrauterine pregnancies [2]. According to medical literature, there are three cases of a choriocarcinoma originating from the intramural part of the fallopian tube [3–5].

Case Report

It is about a 31 year old patient, pregnant, with one previous birth, hospitalized because of ultrasound information about a formation in the right uterine horn and β-hCG levels above 10,000 mIU/ml.

Medical history as follows: Patient gave normal birth on October 2, 2016. Two months later, she restored her menstrual cycle and up until her hospital admission she was breastfeeding. In the end of February 2017, patient had genital bleeding. Month and a half later, on April 5, 2017, because of a lack of menstrual bleeding, patient did a pregnancy test, which was positive. The ultrasound examination showed no gestational sac in the uterine cavity, and the uterus and uterine appendages were normal. β-hCG was tested three times, 2 days between tests, and the results were between 180 and 200 mIU/ml with no tendency for increase. Around 10 days later, on April 22, 2017, patient started bleeding and β-hCG was again 200 mIU/ml. The decided diagnosis was spontaneous abortion. In the end of May, patient had light genital bleeding. An ultrasound examination was performed on June 7, 2017. It showed a formation with heterogeneous echo texture in the right uterine horn (31/35 mm, Fig. 1), looking like a "snowstorm." There was also an intramural nodule (2/2 cm) on the posterior uterine wall. The patient's β-hCG was above 10,000 mIU/ml, and she had no subjective complaints so far.

On July 9, 2017, when the patient was admitted to the clinic, her β-hCG was 25 387 mIU/ml. The chosen diagnosis, a gestational trophoblastic neoplasm, was based on the β-hCG dynamics, the ultrasound result and the patient's medical history. The patient's blood tests, ultrasound examination of abdominal organs and chest X-ray were all normal. Because of the patient's hemodynamic stability and her strong desire to keep her reproductive functions, an organ-conserving surgical intervention was selected. We performed a laparoscopy, which visualized a formation in the right uterine horn, sized 4/4 cm, bleeding when extirpation was tried; right ovary and left appendage were normal. A laparotomy was performed, and said formation was removed, together with the right fallopian tube and the myoma node (Fig. 2).

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CASE REPORT

An extremely rare form of spontaneous vulvar endometriosis: a case report and review of the literature

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ABSTRACT

Endometriosis is a common benign condition in women of childbearing age and is most frequently diagnosed in the pelvis. Extrapelvic localization is rarer and may frequently be in addition to pelvic lesions. Typically, symptoms are non-specific and introduce a delay into the diagnosis. The multitude of localizations of the endometriosis lesions additionally prolongs the time to diagnosis. We present a case of a 50-year-old premenopausal woman with bilateral cystic lesions in the anterior part of the minor labia. They were considered as fibroids for over 25 years as they appeared after an open trauma. Diagnosis of endometriosis was obtained only after surgical excision for other benign gynecological condition. Although its frequency the etiology and pathogenesis of endometriosis remain unclear. There are several pathogenesis theories which cannot explain all forms of this disease. In this particular case is very difficult to realize the way of development of endometriosis. Despite its rarity, vulvar endometriosis may also occur as a spontaneous condition. Its etiology remains unclear.

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KEY WORDS: Surgery; Etiology; Endometriosis.

Endometriosis is the second most common benign gynecological disease in women of childbearing age.[1] This condition refers to presence of endometrial glands and stroma in a location outside the uterine cavity.[2] Its etiology and pathophysiology are still unclear.[3] Depending on the location of the endometrial tissue implantation, endometriosis can be classified as: 1) endopelvic - involves the ovaries, fallopian tubes, uterosacral ligament, pouch of Douglas, and rectovaginal septum; 2) extrapelvic - gastrointestinal tract, thoracic cage and lungs, diaphragm, nervous system, and mucocutaneous tissue.[2] About 20% of women with endometriosis it is extrapelvic and in most of them (about 78%) the extrapelvic co-exists with endopelvic one.[4] The most common site of extrapelvic endometriosis is the gastrointestinal tract (52%), followed by the urinary tract (35%).[4] Our case is a 50-year old premenopausal woman with vulvar endome-

An unusual case of fulminant generalized peritonitis secondary to purulent salpingitis caused by *Prevotella bivia* – case report with literature review

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Abstract

Introduction ***Prevotella*** **bacilli are prevalent in the body as members of the normal flora and in some cases they can be involved in infections throughout the body.** ***Prevotella bivia*** **is a member of a nonpigment group found in the resident flora of the female genital tract and it is occasionally seen in the oral cavity.**

Case report We describe the very rare case of a 39-year-old woman with fulminant generalized peritonitis secondary to purulent salpingitis caused by ***Prevotella bivia*****.**

Discussion In most cases described in the literature, ***Prevotella bivia*** **was mixed with aerobes and caused bacterial vaginosis and pelvic inflammatory disease, whereas in our case study** ***Prevotella bivia*** **was the only microbe that was isolated. The infection was fulminant and caused generalized peritonitis. Rapid and systemic infections typically occur in immunocompromised hosts, however our patient was in good health condition and immunocompetent.**

Conclusions ***Prevotella bivia*** **may cause rapid and systemic infections, even in immunocompetent hosts. Multidisciplinary team management is mandatory in order to estimate the optimal treatment regimen.**

Keywords ***Prevotella bivia*****, fulminant generalized peritonitis, surgery**

Introduction

The genus *Prevotella* includes both pigmented and nonpigmented bacilli that were previously classified as genus *Bacteroides*.[1] *Prevotella* bacilli are prevalent in the body as members of the normal flora. However, in some cases they can be involved in infections throughout the body.[2] *Prevotella bivia* is a member of a nonpigment group found in the resident flora of the female genital tract and it is occasionally seen in the oral cavity.[3,4] *P. bivia* is associated with infections in the female urogenital tract. The growth of *P. bivia* increases during the follicular phase of the menstrual cycle due to the increased levels of estrogen.[3,5-7] *P. bivia* can be associated with infections in rare locations of the body such as chest wall, intervertebral discs, paronychium and knee joint.[5,7,8] We describe a very rare case of a 39-year-old woman with fulminant generalized peritonitis secondary to purulent salpingitis caused by *P. bivia*.

Case report

A 39-year-old woman presented to our emergency department complaining of two days of abdominal pain, vaginal discharge, fever of 38.5°C and diarrhea. At the onset of pain, she took nonsteroidal anti-inflammatory drugs for temperature and pain relief. The patient had had two deliveries through caesarean section – four

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Austrian natural ointment (Theresienöl®) with a high potential in wound healing – A European review

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ARTICLE INFO

Keywords:
Theresienöl
Scars
Acute wounds
Infected wounds
Skin burns

ABSTRACT

Background: The use of Theresienöl® (T.O.) a traditional Austrian natural product has been traced back to1350. Medical wound care has always been a major concern and problem for people, especially in the Middle Ages. Even the smallest injuries or open wounds to become fatal due to poor hygienic conditions. Access to natural fats and vegetable ingredients made it possible to create a unique ointment named Theresienöl® which successfully treated multiple skin injuries including wounds, burns and scars.

Methods: 1.354 patients suffering of therapy-refractory skin injuries treated with T.O. within 38 centers between 2004–2020 in a cohort study. These were used for this review. Patients were divided by clinical criteria based on application duration and daily rate of reapplication strictly individualized depending on the degree of damage and efficiency results depending on the duration of the problem and the presence of chronic concomitant diseases. With a simplified application process a fine film of 2 drops/1 cm of the product (Depending on the vehicle of choice) over the wound or the affected areas, with a waiting time until partial absorption takes place followed by the dressing. It can be applied directly over the wound or over sterile bandages. The Primary endpoints were pain reduction, patient satisfaction both physically and aesthetically. Additionally we performed dermatological testing for irritation and allergy potential and rule out further side effects.

Results: After further evaluation of the 1.354 cases, statistically it showed an averaged of 89 % improvement rate in inflammation, an 88 % reduction rate in pruritus, 87 % of improved epithelisation, 93 % in patient benefit, and 91 % show improvement in wound closure. The Visual Analogue Scale of pain started at 829, a marked reduction was noted in the first 24 h with an average of 2,41. followed by a stable slow reduction of 173 on the 7th day.

Conclusion: Treatment of Therapy-Refractory skin injuries including burns, scars, acute in addition to chronic wounds with T.O., witch is nearly 700 years old has shown for the first time exceptional results in an outpatient setting and was successful in alleviating inflammation, pain, itching and discomfort associated with wound care, thus providing an optimal opportunity for the wound to heal sufficiently and quickly without reported side effects.

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Article

Avascular Spaces of the Female Pelvis—Clinical Applications in Obstetrics and Gynecology

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Abstract: The term "spaces" refers to the areas delimited by at least two independent fasciae and filled with areolar connective tissue. However, there is discrepancy regarding the spaces and their limits between clinical anatomy and gynecologic surgery, as not every avascular space described in literature is delimited by at least two fasciae. Moreover, new spaces and surgical planes have been developed after the adoption of laparoscopy and nerve-sparing gynecological procedures. Avascular spaces are useful anatomical landmarks in retroperitoneal anatomic and pelvic surgery for both malignant and benign conditions. A noteworthy fact is that for various gynecological diseases, there are different approaches to the avascular spaces of the female pelvis. This is a significant difference, which is best demonstrated by dissection of these spaces for gynecological, urogynecological, and oncogynecological operations. Thorough knowledge regarding pelvic anatomy of these spaces is vital to minimize morbidity and mortality. In this article, we defined nine avascular female pelvic spaces—their boundaries, different approaches, attention during dissection, and applications in obstetrics and gynecology. We described the fourth space and separate the paravesical and pararectal space, as nerve-sparing gynecological procedures request a precise understanding of retroperitoneal spaces.

Keywords: avascular spaces; surgery; applications in obstetrics; applications in gynecology

1. Introduction

The term "spaces" refers to the areas delimited by at least two independent fasciae and filled with areolar connective tissue. These spaces could be exposed by separating two independent fasciae along their cleavage plane [1,2]. However, there is discrepancy regarding the spaces and their limits between clinical anatomy and gynecologic surgery, as not every avascular space described in literature is delimited by at least two fasciae [2,3]. Ercoli et al. identified and defined some subdivisions of the main pelvic fasciae and spaces that are not officially recognized. Retroperitoneal spaces are useful anatomical landmarks in retroperitoneal anatomic and pelvic surgery for both malignant and benign conditions [2]. Moreover, new spaces and surgical planes have been developed after the adoption of laparoscopy and nerve-sparing procedures. The number of spaces varies from six to eight, as some authors separate the paravesical and the pararectal space into lateral and medial paravesical/pararectal spaces [1–5]. Three pairs of ligaments divide the retroperitoneal spaces [1,4]. These spaces are avascular and filled

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Case Report

Discordance for Potter's Syndrome in a Dichorionic Diamniotic Twin Pregnancy—An Unusual Case Report

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Received: 15 December 2019; Accepted: 24 February 2020; Published: 4 March 2020

Abstract: Introduction: Potter's syndrome, also known as Potter's sequence, is an uncommon and fatal disorder. Potter's sequence in a multiple pregnancy is uncommon, and its frequency remains unknown. Worldwide in a diamniotic twin pregnancy, there are only a few cases described. Case report: We present an unusual case discordance for Potter's syndrome in a dichorionic diamniotic twin pregnancy. Twin A had the typical physical and histological Potter's findings. Twin B had normal respiratory function and normal physical examination findings. There are many controversies about this condition in diamniotic twin pregnancy. One case report concluded that that the presence of a normal co-twin in diamniotic pregnancy prevented the cutaneous features seen in Potter's syndrome and ameliorated the pulmonary complications, whereas two other case studies reported that the affected twin had extrarenal features typical of the syndrome. Conclusion: We performed an autopsy and calculated lung weight/body weight ratio to diagnose pulmonary hypoplasia. Histopathologic examination of lungs and kidneys was performed. We concluded that the appearance of extrarenal features in the affected twin depends on the amniocity.

Keywords: potter's sequence; dichorionic; oligohydramnios; extrarenal features; pulmonary hypoplasia

1. Introduction

Potter's syndrome (PS) is an uncommon fatal disorder with an incidence of 1 in 4000 singleton pregnancies. Edith Potter first described it in 1946. The sequence is associated with bilateral renal agenesis, oligohydramnios, and pulmonary hypoplasia (PH). Renal abnormalities, which can include bilateral renal agenesis, severe hypoplasia, dysplasia, polycystic kidney, or obstructive uropathy, are the primary defect [1–3]. The incidence of PS in multiple pregnancies remains unknown. We report a case of PS in one of a twin pair in a dichorionic diamniotic twin pregnancy. Case studies suggest that in monoamniotic pregnancy, the affected twin has no extrarenal features of this syndrome, whereas, in diamniotic pregnancy, there are controversial reports. There are very few previous cases describing this condition in dichorionic twin pregnancy.

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Case Report

Disturbed Interstitial Pregnancy: A First Case of Successful Treatment Using a Mini-Laparoscopic Approach

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Abstract: Interstitial ectopic pregnancy (EP) is a life-threatening condition due to the risk of massive hemorrhage in the event of its disturbance. We present the case of a 27-year-old patient who was admitted with massive hemoperitoneum, caused by the rupture of an interstitial pregnancy in the area of the fallopian tube stump, which had been removed after a previous ectopic pregnancy. The condition was overcome using a mini-laparoscopic approach (2.6 mm, 30° optics), with one 3 mm port for micro-laparoscopic instruments and one 10 mm port. Such an approach has not yet been reported in the available literature, among the casuistically reported cases of pregnancy in the tubal stump. We consider that the technique is safe, completely in the interest of the patient, applicable by an experienced team, and in agreement with modern trends regarding the minimization of operative access.

Keywords: mini-laparoscopy; minimally invasive surgery; interstitial pregnancy; ectopic pregnancy of tubal stump

1. Introduction

Ectopic pregnancy (EP) presents a serious risk to the life of patients in reproductive age. The condition is connected with conception later in life, increased frequency of pelvic inflammatory disease, application of assisted reproductive technologies (ART), and tubal or pelvic surgery [1]. The incidence of ectopic pregnancy is 1.3–2% of all pregnancies [2], while 2.5% develop in the interstitial part of the uterine tube [1,3].

A particular case of interstitial pregnancy is the nidation in the stump of a removed uterine tube, with an incidence of only 0.4% [4]. A certain number of authors use the terms interstitial and cornual pregnancy (rudimentary horn pregnancy) as synonyms. According to Botros et al., pregnancy is defined as cornual when it occurs in a rudimentary horn, unicornual uterus, bicornual uterus, or uterus didelphys [5]. The terminological difference is important, because the therapeutic measures adopted in one or the other type of ectopic pregnancy vary. The basic approaches in EP therapy are conservative ones, accompanied with surgical treatment. Surgical intervention becomes necessary when the pregnancy is disturbed and hemoperitoneum is present. Due to the anatomical specifics of the uterine horn's blood supply, especially during pregnancy, rupture in that area would bring about life-threatening hemorrhage. That is why some authors recommend performing a laparotomy with cornual resection or a hysterectomy [5]. The laparoscopic access, when EP is present, has been recently accepted as a "gold standard" [6]. The pursuit of an even faster recovery, the reduction of operative

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Unconventional myomectomy for large nascent myoma

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HTML PDF

Leiomyomas are the most common benign gynaecological tumors and are one of the most frequent reasons for hysterectomy worldwide. We present a 36-year-old nulliparous Caucasian woman, with complaints of severe and painful menstrual bleeding, dyspareunia for 6 months. A pelvic formation, measuring 5/28 cm

was diagnosed. Because of the potential malignancy risk, the tumor size and the location non-standard combined double abdomino-vaginal surgical approach was used. There are many operative techniques described in the literature depending on size, location and number of the myomas as well as on patient's preferences; there are still clinical situations that remain challenging to choose the best surgical approach. In cases, when the standard methods for myomectomy are not considered appropriate, the option for an individual non-standard approach has to be discussed.

KEY WORDS: Myoma; Surgical procedures, operative; Uterine myomectomy

Double approach myomectomy of a very large myoma nascens

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Abstract:
Introduction: Leiomyomas are the most common benign gynaecological tumors and are one of the most frequent reasons for hysterectomy worldwide.

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CASE REPORT

EXAGGERATED PLACENTAL SITE REACTION MIMICKING A TROPHOBLASTIC TUMOR: A CASE REPORT

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Abstract

Introduction. Exaggerated placental site reaction is a rare benign non-neoplastic lesion and presents with infiltration of the endometrium and myometrium by intermediate trophoblastic cells at the implantation site. This reaction may occur following healthy or ectopic pregnancy, aborts, or molar pregnancy. The diagnosis is only histopathological.
Case report. We present a 44-year-old woman with prolonged menstrual bleeding, high levels of beta-hCG and ultrasound finding mimicking submucosal fibroid. Hysterectomy was performed because of the tumoral mass in the uterine cavity. The diagnosis made was exaggerated placental site reaction.
Conclusions. Exaggerated placental site reaction is a benign condition, but this lesion has to be differentiated from placental site nodule, placental site trophoblastic tumor and choriocarcinoma because the latter require aggressive treatment.

Keywords: exaggerated placental site reaction, intermediate trophoblast, submucosal fibroid.

Résumé

Réaction de site placentaire exagérée imitant la tumeur trophoblastique : rapport du cas

Introduction. La réaction exagérée du site placentaire est une lésion bénigne non néoplasique rare et présente une infiltration de l'endomètre et du myomètre par des cellules trophoblastiques intermédiaires au site d'implantation. Cette réaction peut survenir après une grossesse en santé ou extra-utérine, un avortement ou une grossesse molaire. Le diagnostic est seul histopathologique.
Rapport du cas. Nous présentons le cas d'une femme de 44 ans avec des saignements menstruels prolongés, des taux élevés de bêta-hCG et une échographie simulant un fibrome sous-muqueux. L'hystérectomie a été réalisée en raison de la masse tumorale dans la cavité utérine. Le diagnostic posé était une réaction exagérée du site placentaire
Conclusions. La réaction exagérée du site placentaire est une affection bénigne, mais cette lésion doit être différenciée du nodule du site placentaire, de la

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Basaloid squamous cell carcinoma of uterine cervix in a young adult - A case report

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CASE STUDY

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ABSTRACT

Basaloid squamous cell carcinoma of the uterine cervix is an extremely rare and aggressive malignancy. It has poorer clinical outcomes than squamous cell carcinoma of the uterine cervix. The tumour has specific microscopic features, and usually affects patients in their late 60s and 70s. We present a very rare case of a 30-year-old woman, who was diagnosed on a prophylactic examination and was treated with radical hysterectomy and pelvic lymph node dissection. The follow-up of the patient is ongoing.

Key Words
Cervical cancer, basaloid squamous cell carcinoma, basaloid cells squamous cell carcinoma, young adult

Implications for Practice:

1. What is known about this subject?
This rare and aggressive tumour affects mostly patients in their late 60s and 70s.

2. What new information is offered in this case study?
It is possible to occur in very young adults.

3. What are the implications for research, policy, or practice?
It is important to be differentiated from other tumours of cervix because of its different clinical behaviour and Prognosis.

Background

The term basaloid squamous cell carcinoma (BSCC) was used for the first time by Wain et al. in 1986.[1] The authors described with it "a highly malignant variant of squamous cell carcinoma with a basaloid pattern" that had developed over the tongue, laryngopharynx, and larynx. A great number of cases of tumours with such morphology have been described until the present day since then. The tumour derives most often from the larynx, laryngopharynx, tonsils, and base of the tongue, and more rarely from the nose, paranasal sinuses, external ear, submandibular region, oesophagus, lung, uterine cervix, vulva, vagina, and anus.[2,3] One of the rarest locations of that disease is the uterine cervix.[4] It is thought that the tumour has a more aggressive course than the classical cervical squamous cell carcinoma (SCC), higher metastatic potential, and poorer prognosis.[5]

We present a case of a young woman with an asymptomatic course of BSCC, diagnosed on a prophylactic examination, which underwent radical surgical treatment performed

AMJ Australasian Medical Journal [AMJ 2018;11(9):474-477]

Contemporary challenges of warty carcinoma of cervix - Our experience and review of literature

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RESEARCH

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ABSTRACT

Background
Warty carcinoma of the cervix is a rare subtype of squamous cell carcinoma. In general, it is not as aggressive as the other subtypes, and has a better prognosis.

Aims
The aim of this study was to investigate overall and recurrence-free survival rate in patients with Warty carcinoma of the cervix.

Methods
During the ten year period (2008–2017) in the Clinic of Gynaecologic oncology at the UMHAT - Pleven, Bulgaria were operated 714 cases with cervical cancer, 14 of which were histologically confirmed as a Warty carcinoma. Patients were investigated by retro- and prospective analysis for overall and recurrence-free survival rate.

Results
Warty carcinoma accounts for 1.94 per cent of all cervical carcinomas, operated in the clinic. The mean age of the patients was 48 years, ranging from 29–72 years. According to the FIGO staging systems for cervix, patients were staged as follows: in stage IB1 – 43 per cent and in stage IB2 – 57 per cent. Despite the high percentage of locally advanced process, only in one case out of all the patients there was local spreading of the lesion towards the uterine cavity and in one case there were metastases in the pelvic lymph nodes. Lymphovascular space invasion was not seen in any patient, and neither were perineural or perivascular invasion.

Conclusion
This report highlights a favourable course and good prognosis of Warty carcinoma of the cervix. It is necessary to reconsider the aggressive surgical treatment and subsequent chemotherapy in women with Warty carcinoma of the cervix.

Key Words
Warty carcinoma of the cervix, survival rate, treatment

Implications for Practice:

1. What is known about this subject?
Warty carcinoma is one of the rare forms of squamous cell carcinoma of the uterine cervix and has better prognosis than usual SCC.

2. What new information is offered in this case study?
Despite the high percentage of locally advanced process

Corona mortis, aberrant obturator vessels, accessory obturator vessels: clinical applications in gynecology

Corona mortis in gynecological practice

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Abstract

"Corona mortis " (CMOR) is a heterogeneous and often dubious term that causes much confusion in medical literature, especially in regard to its modern day significance in pelvic surgery. Some authors define CMOR as any abnormal anastomotic vessel between the external iliac and obturator vessels, whereas others define it as any vessel coursing over the superior pubic branch, regardless whether it is a vascular anastomosis, an accessory obturator vessels, an obturator vessel related to the external iliac system or a terminal small vessel. There is no standard classification of CMOR and obturator vessels variations, although there are multitudes of classifications describing the diverse variations in the obturator foramen region. We define accessory obturator, aberrant obturator vessels and CMOR as different structures, as CMOR is an anatomical term that reflects a clinical situation rather than an anatomical structure. A new clinical classification for aberrant, accessory obturator vessels and CMOR is proposed regarding the anatomical variations, and the location of vessels to the deep femoral ring. The clinical significance of accessory obturator, aberrant vessels and CMOR is delineated in oncogynecological and urogynecological surgery.

Key words: corona mortis, aberrant obturator vessels, accessory obturator vessels, deep femoral ring, oncogynecology, urogynecology

INTRODUCTION

"Corona mortis " (CMOR) is defined as any abnormal anastomotic vessels between the external iliac and obturator vessels [1]. Studies have shown that the definition of CMOR is heterogeneous and causes much confusion in medical literature [1]. Although in the past CMOR was defined as arterial anastomosis between an external iliac and an obturator artery, currently in medical reports the widely accepted definition includes the arterial and/or venous vascular anastomosis between an obturator and an external iliac vessel [2]. Moreover, some authors define CMOR as a connection between the external and internal iliac system, whereas others define it as any vessel coursing over the superior pubic branch, regardless whether it is a vascular anastomosis, an accessory obturator vessels, an obturator vessel related to the external iliac system or a terminal small vessel [1 -5].]. Additionally, there is no standard classification of CMOR and obturator vessels variations, although there are multitudes of classifications describing the diverse variations in the obturator foramen region [3, 5, 6]. Studying CMOR is crucial because of its association with a high risk of severe hemorrhage during surgeries. Various gynecological procedures carry the risk of CMOR injury. The aim of this study is to define accessory obturator vessels (ACOVs), aberrant obturator vessels (AOVs) and CMOR. Moreover, we propose a new classification for the clinical use and delineate the clinical significance of ACOVs, AOVs and CMOR in oncogynecological and urogynecological surgery.

OBTURATOR ARTERY ANATOMY AND VARIATIONS

In the majority of cases, the obturator artery (OA) is a branch of the anterior division of the internal iliac artery (7). It runs anteriorly and inferiorly on the pelvic wall and lies longitudinally to the obturator foramen on the medial part of the obturator internus muscle. The OA is located cranially to the obturator vein and caudally to the obturator nerve (ON) [7-9] (Figure 1).

AMJ Australasian Medical Journal [AMJ 2018;11(2):78-82]

Definitive treatment of a basal cell carcinoma on the upper lip through the oral administration of Vismodegib

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CASE STUDY

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ABSTRACT

Basal cell carcinoma is the most common malignant neoplasm of the skin of the face in old, caucasian humans. The tumour growth slow and rarely has metastases. The clinical presentation is different. The main method for treating is radical surgical excision, but if the tumour is very big or there are metastases, there is a very effective target therapy with the peroral capsules Vismodegib 150mg. In this case we introduce a patient whit cancer of upper lip of preoperative target therapy whit Vismodegib 150mg, which destroy the tumour cells and help us to make cosmetic surgical excision.

Key Words
Basal cell carcinoma, vismodegib, target therapy, erivedge

Implications for Practice:

1. What is known about this subject?
The main method for treating basal cell carcinoma is surgical excision with a healthy safety margins.

2. What new information is offered in this case study?
The treatment with Vismodegib can be used as preoperative therapy for advanced, primarily difficult to remove basal cell carcinoma.

3. What are the implications for research, policy, or practice?
The treatment with Vismodegib allows surgeons to perform radical excisions in smaller volume with better cosmetic result.

Background

Basal cell carcinoma is the most common, malignant, neoplastic disease on the skin and in the organism in general.[1] It accounts for 70 per cent of the keratinocyte cancers.[1,2] Its frequency is around two per cent of the general population, depending on the latitude and the population age. Most affected are areas of the body, exposed to direct sunlight. The tumour has very slow growth and rarely metastasis.[3,4]

Its clinical presentation varies from a nodular formation to a slowly healing ulcer. The main treatment method is a radical surgical excision of the carcinoma. Other surgical and nonsurgical methods are also used.

Here we will present our clinical case of a patient with advanced, primarily difficult to remove basal cell carcinoma on the upper lip, treated with peroral intake of Vismodegib 150mg, followed by a surgical excision.

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CASE REPORT

Delayed Inguinal Site Metastasis in Early-Stage Endometrial Cancer: A Case Report

Angel Yordanov[1] · Martin Karamanliev[2] · Strahil Strashilov[3]

Received: 28 December 2017 / Revised: 31 January 2018 / Accepted: 3 February 2018

Keywords Endometrial cancer · Inguinal lymph node metastasis · Frequency · Treatment

Introduction

Endometrial cancer is the fourth most common malignancy in women, with more than 60,000 newly diagnosed cases in the USA in 2016 [1]. According to the Bulgarian national cancer registry, endometrial cancer is the second most common cancer in females with share of 8.6% (34.7 cases per 100,000 women) in Bulgaria for [2]. The most common lymph metastatic sites of the endometrial cancer are internal, external and common iliac lymph nodes [3]. The inguinal area is an unexpected primary metastatic or recurrence site for early-stage endometrial cancer.

Case report

In May 1993, a 65-year-old Caucasian female patient was diagnosed with well-differentiated (G1) endometrial carcinoma after dilatation and curettage (D&C). X-ray and ultrasound of the abdomen were performed with no signs of dissemination of the disease. At this time in Bulgaria, CT was not routinely performed even in early-stage endometrial cancer. The patient was put on a waiting list for surgery, and a month later, she underwent total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH and BSO), without lymph node dissection (LND). According to the European guidelines in 1993, a patient with clinical assessment of early-stage endometrial cancer did not undergo LND. Histopathology revealed moderately differentiated (G2) endometrioid adenocarcinoma invading less than 50% of myometrium. Lymph-vascular space invasion (LVSI) and cervical stomal invasion (CSI) were not noted, and immunohistochemistry was not performed since it was not routine at that time. She was staged according to the International Federation of Gynecology and Obstetrics (FIGO) staging system as FIGO IB in 1993 (according to FIGO 2009 used nowadays—FIGO IA). She underwent pelvic radiation therapy of 54 Gy. Follow-up was done at 6, 12, 18, 36 months, and 3–5 years subsequently using clinical examination, blood tests and abdominal ultrasound with no signs of progression of the disease. Then, the patient was lost from follow-up. In January 2015, at the age of 86, 23 years after the surgery, she was admitted in the Clinic of Oncogynecology, UMHAT "Dr. Georgi Stranski," Pleven, Bulgaria, with the history of left groin lump for 1 month. On physical examination, a mobile, soft, painless mass of size 40/50 mm in the left inguinal region was found as well as clinical data for left leg deep venous thrombosis (DVT). The rest of examination was unremarkable. PET–CT was not performed due to the patient's age. After consulting with vascular surgeon, the DVT was treated conservatively. Then, a left inguinal superficial lymph node dissection was performed and histopathology showed lymph node with diffuse metastasis of endometrioid endometrial adenocarcinoma with focal squamous differentiation (Fig. 1). Immunohistochemistry was not performed since there was no result to compare from 1993. Thereafter, a left inguinal region postoperative radiation therapy of 30 Gy was executed. In April 2015, an abdominal and pelvic CT was

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Original research article

Postoperative management of postpartum perineal tears

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ARTICLE INFO

Keywords:
Birth trauma
Theresienol
Herbal oil

ABSTRACT

Background: Postoperative care for women with perineal trauma after post birth per vias naturaeles vaginal delivery, is needed. We studied the effect of Theresienol - an natural product based on natural fats and pure herbal extracts on some of the short-term complications in cases of postpartum perineal tear. Theresienol is an all natural revolutionary skin care serum that works naturally with your body. It is a multi-purpose natural Skin Protectant serum for all skin types, all ages and all stages.

Methods: In a prospective, single-centre, cohort study conducted on 20 women with per vias naturales birth, with perineal trauma, we studied the effect of topical application of Theresienol surgically recovered tear. Patients were divided into two groups, Group A and Group B; Group A included birth mothers using Theresienol postnatally for treatment of surgically recovered wounds, Group B included patients not using the oil. The visual analogue scale (VAS) for pain was used on Group A, third and fifth day after birth. The primary outcome was reducing severity or lacking of some short-term complications, defined as lack of wound dehiscence and hematoma and reducing pain, swelling and redness in this area. The secondary outcome was the additional need of nonsteroidal anti-inflammatory drugs for analgesia in the early postpartum period.

Results: In Group A, using Theresienol natural oil, there was a reduction in pain symptoms in comparison to Group B, not using the oil. In the study group using herbal oil, Group A, no additional nonsteroidal anti- inflammatory drugs were needed compared to the group B, not using the oil.

Conclusions: Local therapy with Theresienol - an natural product based on natural fats and pure herbal extracts in the postoperative management of postpartum perineal tears significantly reduces the severity of clinical symptoms, and further monitoring and inclusion of new patients will show whether the risk of objective short-term and long-term complications is reduced.

1. Introduction

Perineal trauma is any injury to the genitals during childbirth which occurs spontaneously or intentionally through a surgical incision (episiotomy). Anterior perineal trauma includes injury to the labia, anterior vaginal wall, urethra and clitoris, and is usually associated with milder morbidity rate. Posterior perineal trauma includes injury to the posterior vaginal wall, perineal muscles and anal sphincter [1].

More than 85% of women giving a normal birth experience perineal trauma [2] - spontaneous perineal tear, episiotomy or both. The incidence of spontaneous and iatrogenic tears decreases in subsequent births, from 90.4% of first-birth women to 68.8% for multipara giving normal birth [7].

Perineal trauma occurs during spontaneous or assisted vaginal birth and is usually bigger in first vaginal birth [3]. Other associated risk factors may be divided into three groups - maternal, fetal and intrapartum risk factors [4].

Perineal trauma may lead to long-term physical, physiological, social and psychological problems immediately after birth and in the long term. The complications depend on the severity of the trauma and the effectiveness of its treatment.

Treatment of short-term complications includes identification of the injury, good surgical treatment and recovery, application of analgesics in the early postpartum period and care for the perineum. We present our experience with a new natural product based on natural fats and pure herbal extracts (Theresienol) that we used in 10 women. We compared the effect of its topical application with a group of 10 women who did not use the oil. Suturing in all women in both groups was carried out with resorbable sutures as we tried to determine the effect of medication on the symptoms and the recovery in the early postpartum period.

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medicina

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Case Report

Pregnancy and Childbirth in Uterus Didelphys: A Report of Three Cases

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Abstract: Uterus didelphys is a rare form of congenital anomaly of the Müllerian ducts. The clinical significance of this anomaly of the female reproductive tract is associated with various reproductive issues: increased risk of preterm birth before 37 weeks' gestation, abnormal fetal presentation, delivery by caesarean section, intrauterine fetal growth restriction, low birth weight less than 2500 g, and perinatal mortality. We present three cases of uterus didelphys and full-term pregnancy, which resulted in favorable birth outcomes of live-born, full-term infants. In two of the cases, delivery was performed via Caesarean section: due to lack of labor activity in one of the cases and lack of response to oxytocin stimulation in the second case. The weight of two of the new-born infants was lower than expected for the gestational age.

Keywords: congenital anomalies of the Müllerian ducts; uterus didelphys; pregnancy; outcome

1. Introduction

Congenital anomalies of the female reproductive tract are of special interest because of their association with various reproductive difficulties: impaired possibility of natural or assisted conception, increased rate of first and second trimester miscarriages, preterm birth, placental abruption, lower birth weight and fetal growth restriction, malpresentation at delivery, and perinatal mortality [1]. The prevalence of congenital uterine anomalies in the general population is 5.5%, 8.0% in women with infertility, 13.3% of the population with abortions, and reaches 24.5% in patients with abortions and infertility [2]. Congenital malformations of the female genital tract represent a heterogeneous group and have their origin in the abnormal formation, confluence, or resorption of the Müllerian ducts during fetal development [3]. Various congenital anomalies are specifically related to the female reproductive problems in different ways and to different extents. The most severe disorders have the most significant impact [4]. Currently, there are various classification systems for the categorization of congenital reproductive tract malformations. The oldest and most commonly used classification is that of 1988 of the American Society for Reproductive Medicine (ASRM, formerly the American Fertility Society). The ASRM classification divides Müllerian duct anomalies into seven major types according to the anatomical changes in the uterus and the embryonic processes responsible for them. However, it does not account for complex urogenital malformations [5]. In 2013, the European Society of Human Reproduction and Embryology (ESHRE) and the European Society for Gynaecological Endoscopy (ESGE) published a classification of female genital anomalies. It is designed and developed primarily on the basis of anatomical findings. Anomalies are classified into main classes and sub-classes, reflecting separately anatomical abnormalities and variations; uterine, cervical, and vaginal anomalies are classified independently into sub-classes [6].

AMJ Australasian Medical Journal [AMJ 2019;12(11):299-302]

Primary cutaneous adenoid-cystic carcinoma of thigh found accidentally and presenting with the clinical picture of small pigmented (dark brown) cutaneous fibroma: A clinical case

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CASE STUDY

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ABSTRACT

The primary cutaneous adenoid-cystic carcinoma represents a very rare neoplasm - less than 100 similar cases are reported in the literature until now. It affects persons of middle age or elder the female is involved a little more often the local relapses are observed in about half of the cases and it metastasizes most frequently in the regional lymph nodes and lungs.

We present a case of a 31-year-old woman with primary adenoid-cystic carcinoma of skin which was treated for a pigmented cutaneous fibroma. This required reoperating the patient.

The clinical manifestation of primary cutaneous adenoid-cystic carcinoma may imitate benign pigmented cutaneous fibroma. The final diagnosis of this disease is made by a pathologist based on the pathomorphological exam and immunohistochemistry. The basic method for treatment in these cases is the extensive local excision in a radius of 2cm from the lesion to avoid the risk of local relapse.

Key Words
Primary cutaneous adenoid-cystic carcinoma, cutaneous fibroma, skin cancer

Implications for Practice:

1. What is known about this subject?
The Primary Cutaneous Adenoid-Cystic Carcinoma is a very rare malignant tumour.

2. What new information is offered in this case study?
We present a case of a 31-year-old woman with primary adenoid-cystic carcinoma of skin which looks like small pigmented cutaneous fibroma.

3. What are the implications for research, policy, or practice?
The adenoid-cystic carcinoma very rare can originates from the eccrine sweat glands of the skin.

medicina

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Case Report

First Case of Chylous Ascites after Laparoscopic Myomectomy: A Case Report with a Literature Review

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Abstract: *Introduction*: Chylous ascites is a rare form of ascites characterized by milk-like peritoneal fluid, rich in triglycerides. Clinical signs and symptoms include abdominal distention, pain, nausea, and vomiting. In gynecology, the most common cause for its occurrence is lymph dissection leading to impairment of major lymphatic vessels. There are only a few reported cases of chylous ascites arising after operations for benign diseases. *Case report*: We report a case of a 46-year-old female patient, who underwent laparoscopy for a myomatous node with chylous ascites occurring on post-surgery Day 2. The ascites was conservatively managed. The exact cause of the chyloperitonitis could not be determined. *Conclusion*: Although extremely rarely, chylous ascites may also occur in operative interventions for benign diseases in gynecological surgery.

Keywords: chylous ascites; myomectomy; benign disease; surgery

1. Introduction

Chylous ascites (CA) is a rare form of ascites, which represents milk-like peritoneal fluid, rich in triglycerides [1,2]. The incidence of chylous ascites is approximately 1 in 20,000 patients [3,4]. Chylous ascites after surgery appears due to injury to the thoracic duct, cistern chill, or its intestinal tributaries. Chyloperitonitis can be an early complication a few days after surgery or can occur several months later [5,6]. Clinical symptoms and signs are often nonspecific [3]. There is controversy regarding the cut-off value of triglyceride confirming the diagnosis. Many studies have reported elevated ascitic fluid triglyceride (TG) levels as the best parameter for detecting chylous ascites. Staat suggested a cut-off value of 110 mg/dL, whereas a recent study reported a single-point triglyceride cut-off of 187 mg/dL (2.13 mmol/L) or alternatively an equivocal range of 148–246 mg/dL (1.69–2.80 mmol/L) to establish CA and observed a sensitivity and specificity of up to 95%. Chi-Hang Hsiao reported a cut-off >2 for the ratio of ascites TG/serum TG. The current consensus utilizes levels of triglycerides from the milky fluid above 200 mg/dL as the criterium for diagnosis of CA [5,7–10]. It is an uncommon complication in oncogynecological surgery, which occurs when pelvic and paraaortic lymph dissections are performed, as a result of impairment of the major lymph vessels. Although exceptionally rare, chylous ascites may occur as a complication in gynecological operations for benign diseases [1,2].

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ORIGINAL PAPER

IMMUNOHISTOCHEMICAL STUDY OF HUMAN PAPILLOMA VIRUS AND EPSTEIN–BARR VIRUS IN PATIENTS WITH LYMPHOEPITHELIOMA-LIKE CARCINOMA OF THE UTERINE CERVIX

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Abstract

Introduction. Lymphoepithelioma-like carcinoma (LELC) of the uterine cervix is a rare type of squamous cell carcinoma (SSC). It differs from the usual SSC of the cervix in its morphology and clinical behavior and shows a better prognosis than the more common SSC of the cervix. It is considered that LELC is associated with Epstein–Barr virus (EBV) infection in Asian and with human papilloma virus (HPV) or no infection in Caucasian patients.

The aim of the study was to confirm whether or not LELC is more common in Caucasian patients with EBV/HPV infection or whether there is no correlation to the previous viral exposure.

Material and methods. A retrospective research has been done on 775 female patients for a period of 8 years, who have been operated for cervical cancer

Résumé

Étude immunohistochimique des Papilloma virus et Epstein-Barr virus chez les patientes avec carcinome de type lympho-épithélioma du col utérin

Introduction. Le carcinome de type lympho-épithélioma (LELC) du col utérin est un type rare de carcinome à cellules squameuses (SSC). Il diffère du SSC habituel du col de l'utérus par sa morphologie et son comportement clinique et présente un meilleur pronostic que le SSC plus commun du col de l'utérus. On considère que la LELC est associée à l'infection par le virus Epstein-Barr (EBV) chez les asiatiques et au virus du papillome humain (VPH) ou à l'absence d'infection chez les patients de race blanche.

L'objectif de l'étude est de confirmer si la LELC est plus fréquente chez les patients de race blanche

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in the Onco-gynecological Department of UMHAT „Doctor Georgi Stranski"-Pleven, Bulgaria. A group of 16 women with LELC has been identified by clinical data. Morphologically, 13 of them have been examined by routine histological and immunohistochemical tests, for assessment of the viral status, with monoclonal antibodies against EBV/HPV by DAKO protocol.
Results. Two of the women have been proven to have EBV, tree-HPV infection and two – both viruses. In the other six cases no viral infections have been identified.
Conclusion. Our results show a stronger correlation between LELC in Caucasian women and a previous HPV infection or no viral infection, rather than association with EBV infection.
Keywords: Lymphoepithelioma-like carcinoma, Human papilloma virus, Epstein–Barr virus, Immunohistochemistry.

List of abbreviations:
LELC – Lymphoepithelioma-like carcinoma
SSC – squamous cell carcinoma
EBV – Epstein–Barr virus
HPV – Human Papilloma virus

infectés par le virus EBV / HPV ou s'il n'y a pas de corrélation avec l'exposition virale antérieure.
Méthodes. Une recherche rétrospective a été menée sur 775 patientes pendant une période de 8 ans qui avaient été opérées pour un cancer du col utérin dans le département d'oncologie-gynécologie de l'UMHAT «Docteur Georgi Stranski» –Pleven. Un groupe de 16 femmes avec LELC a été identifié par les données cliniques. Sur le plan morphologique, 13 d'entre elles ont été examinées de manière histologique et immunohistochimique de routine, afin d'évaluer le statut viral, avec des anticorps monoclonaux anti-EBV / HPV selon le protocole DAKO.
Résultats. Il a été prouvé que deux des femmes avaient le virus EBV, une infection par le HPV des arbres, et deux – les deux virus. Dans les six autres cas, aucune infection virale n'a été identifiée.
Conclusions. Nos résultats montrent une corrélation plus forte entre le LELC chez les femmes de race blanche et une infection à HPV antérieure ou l'absence d'infection virale, plutôt qu'une association avec une infection à EBV.

Mots-clés: carcinome de type lympho-épithélioma, virus du papillome humain, Epstein-Barr virus, immunohistochimie.

Introduction

Lymphoepithelioma is described for the first time as a neoplasm of the nasopharynx. The histological features of this tumor are a syncytial growth pattern of undifferentiated malignant cells with prominent lymphoplasmacytic stromal infiltration[1]. Later the similar tumors have been described in salivary gland[2], lung[3], stomach[4] and thymus[5] and have been called lymhoepithelioma-like carcinoma (LELC). In the uterine cervix, it was reported for the first time by Hamazaki et al in 1968[6]. Although it is a very rare tumor, it is necessary to be differentiated from the squamous cell carcinoma because of its better prognosis. It is considered that LELC is associated with Epstein–Barr virus (EBV) infection in Asian women and with Human Papilloma virus (HPV) or no infection in Caucasian patients.

The objective of the study was to confirm whether or not LELC is more commonly associated with HPV infection rather than with EBV infection in Caucasian patients or whether there is no correlation to the previous viral exposure.

Material and methods

A retrospective research has been done on 775 female patients for a period of 8 years (2008- 2015), who have been operated due to cervical cancer in the Onco-gynecological Department of UMHAT „Doctor Georgi Stranski"- Pleven, Bulgaria. A group of 16 Caucasian women with LELC has been identified by clinical data. Only 13 of them were included in the trial because the paraffin blocks of the last 3 women had not been found, making thus impossible their examination. The patients have been examined by routine histological and immunohistochemical tests for assessment of the viral status, with monoclonal antibodies against EBV/HPV by DAKO protocol.

Results

The frequency of LELC in our group was 2.06%. The conventional immunohistochemical stain proves viral presence (HPV/EBV) in seven cases, but generally the staining intensity and distribution were very weak and limited. Immunohistochemistry proves the presence of only HPV in three (23.07%) (Fig. 1) and only EBV in two cases (15.38%) (Fig. 2).

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Isthmocele: An important sequelae of caesarean section - report of three cases and mini review

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CASE STUDY

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ABSTRACT

An isthmocele appears as a fluid-filled pouch-like defect in the anterior uterine wall at the site of a prior caesarean section, and ranges in prevalence from 19 per cent to 84 per cent, a direct relation to the increase in caesarean sections performed worldwide. It is the result of incomplete healing of the isthmic myometrium after a low transverse uterine incision performed for caesarean section. Although mostly asymptomatic, it may cause menstrual abnormalities, chronic pelvic pain, and secondary infertility. Scar tissue dehiscence, scar pregnancy, and abnormally adherent placenta are some of the obstetric complications associated with this defect. Diagnosis of the defects can be made with transvaginal ultrasound (TVUS), saline infused sonohysterogram (SIS), hysterosalpingogram, hysteroscopy, and magnetic resonance imaging (MRI). Surgical treatment of an isthmocele is still a controversial issue but it should be offered to symptomatic women or asymptomatic patient who desires future pregnancy. When surgery is the treatment choice, laparoscopy guided by hysteroscopy, or hysteroscopy alone are the best options depending on the isthmocele's characteristics and surgeon expertise.

We would like to present a mini-review of the topic with contribution of three cases.

Key Words
Isthmocele, fluid-filled pouch, caesarean section

Implications for Practice:

1. What is known about this subject?
Isthmocele is a late complication of caesarean section.

2. What new information is offered in this case study?
It is very important to be diagnosed because it can lead to sterility.

3. What are the implications for research, policy, or practice?
All symptomatic cases with isthmocele have to be treated by laparoscopy or hysteroscopy and the same applies to all asymptomatic patients with desire for pregnancy.

Background

The incidence of birth after caesarean section (CS) increases on a global scale.[1,2] This is due to decrease of the rate of operative vaginal deliveries, vaginal delivery of twin gestation, breech deliveries, and vaginal birth after caesarean section.[3] On the other hand the World Health Organization accepts, that only incidence of caesarean

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Lymph node involvement and the role of lymphadenectomy in patients with advanced ovarian cancer

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RESEARCH

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ABSTRACT

Background
Ovarian carcinoma (OC) is one of the most common types of cancer diagnosed in women and its clinical significance is reflected in the leading place it holds in the morbidity and mortality rates among women diagnosed with cancer. The evaluation of lymph node involvement by the oncosurgeons is a pivotal step towards proper disease staging and adjuvant therapeutic choices, towards optimal treatment outcomes.

Aims
The aim of this study was to investigate the lymph node metastases and patient characteristics in women with advanced OC (FIGO II-IV).

Methods
The study includes 58 patients with advanced OC (FIGO II-IV) operate in our clinic for the period 2004-2012. The patients were analysed with respect to age, FIGO stage, histological type and tumour grading, type of surgical verification of lymph nodes (biopsy, pelvic and/or para-aortic lymphadenectomy), results from histopathological reports describing the extent of lymphatic involvement, localization of lymph node metastases, and presence of ascites.

Results
Lymph node metastases were found in 56.7 per cent of the patients. 24.1 per cent of the patients had micrometastases in lymph nodes that were not initially detected on both pre-operative diagnostic imaging and intraoperative inspection.

Conclusion
The only reliable method for initial/early detection of lymphatic metastases in patients with OC is the surgical, through lymphadenectomy, with subsequent histological evaluation.

Key Words
Ovarian cancer, lymph node metastasis, surgery

What this study adds:

1. What is known about this subject?
The only reliable method for early initial detection of lymphatic metastases is surgical with subsequent histological examination.

EJGO European Journal of Gynaecological Oncology

Original Research

Lymphoepithelioma-like carcinoma of the uterine cervix: correlation with Epstein-Barr virus and human papillomavirus infection. A single-center experience

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Summary

Background and objectives: Lymphoepithelioma-like carcinoma of the uterine cervix (LELC) is a rare subtype of the squamous cell carcinoma with unclear viral carcinogenesis and prognosis. *Aim*: We aimed to investigate the status of HPV and EBV infection in a cohort of Caucasian women with LELC of the uterine cervix and to compare the results on prevalence, association with both viruses and methods of detection in this disease with the results of other studies. *Materials and methods:* We retrospectively evaluated all patients with LELC, diagnosed and treated at Department of Gynaecologic Oncology, Medical University Pleven, Bulgaria between 2008 and 2015. The status of infection with HPV and EBV was investigated on tumor tissue by polymerase chain reaction (PCR) and in situ hybridization (ISH). We compare the results with the results from a systematic search of the literature on this topic. *Results*: LELCs represented 3.03% (16 patients) of all stage I cervical carcinoma cases. Infection with HPV and EBV was investigated in 50% (8) of them. ISH and PCR testing detected HPV in 37.5% (3) and 50% (4) of the patients; EBV in 12.5% (1) and 75% (6). No cases of co-infection were found with ISH and 4 with PCR. In the literature are reported 98 cases of this disease and infection with EBV is found in 25.7% the tested patients. *Conclusion*: HPV and EBV strains and a co-infection of the two viruses are possible factors in genesis of LELC of the uterine cervix. Our data suggests that infection with EBV could be more common in Caucasians women with LELC, than previously reported.

Key words: Cervical cancer; Lymphoepithelioma-like carcinoma; Epstein-Barr virus; Human papillomavirus; In situ hybridization; Polymerase chain reaction.

Introduction

Cervical carcinoma is the fourth most frequent cancer disease in women worldwide with over half a million new cases each year [1]. Human papillomavirus (HPV), human herpesvirus II, and cytomegalovirus are proven as factors in cancerogenesis of cervical carcinoma [2]. HPV is considered to be of greatest significance in the etiopathology of the disease [3]. This has opened a new pathway for cancer prevention [4]. Increasingly more researchers focus also on Epstein-Barr virus (EBV) as it may also have a potential role in the oncogenesis of this carcinoma [5, 6]. In the last few years two meta-analyses were published describing EBV as co-factor in the genesis and/or progression of cervical cancer [7, 8] but it's role is still unclear because more than 90% of people worldwide are affected [9]. The pooled prevalence of EBV in cervical cancer has been found to be to be 43.63%, which is two times higher compared to healthy controls (19%) [7].

Histologically, cervical carcinomas are subdivided into squamous cell carcinoma (SCC), adenocarcinomas and adenosquamous carcinomas, with SCC being the most fre-

*Contributed equally.

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Surgical Commentary

Medical form for a patient with malignant melanoma of the skin, made in accordance to the most recent guidelines for diagnosing, treating and monitoring the disease

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Background

The malignant melanoma (MM) of the skin is a fairly rare, too malignant tumor, originating from the epidermal melanocytes. In Bulgaria the average morbidity is 6.5/100000. The tumor affects the younger age and often metastasizes in the early stages of the disease. MM of the skin is also the tumor with the highest rate of increase of morbidity – 5% of newly diagnosed oncologic diseases in men and 6% in women.[1,2] All of this imposes the usage of an unified tactic for diagnosing, treating and monitoring patients with that disease, aiming to achieve maximized beneficial effect for them, and said tactic to be marked in a fitting, simplified, but understandable, medical form. With this reasoning our team intended to present a project of ours, compliant with our conditions and with the newest guidelines from Western Europe; The USA; Australia and New Zealand. Our aim was to ease our colleagues, who wish to benefit their patients, suffering from malignant melanoma of the skin.[3,4,5,6,7,8] Of course, we do not wish to be blamed for presenting a dogma; we realize that we live in a free world, in which every medical doctor is entitled to his opinion and decision to benefit his patients.

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Generally, this medical form consists of 3 main parts. First part includes personal information, height, weight, body surface area (BSA), exact diagnosis, TNM classification, staging, accompanying diseases, diagnostic biopsy data, re-excision, sentinel lymph nodes biopsy, data about performed lymph dissections after positive sentinel or clinical lymph nodes, and data for surgically removed local recurrences, metastases and clinical monitoring **(Appendix 1)**.

The second part **(Appendix 2)** includes the data from the patients' monitoring, which is in accordance with the stages, pointed out in the end of **Appendix 1.**

The third part consists of the application of different treatments. The type of treatment, the methods and drugs used, the date of performing the treatment and the doses in accordance to the body surface area (in m^2) are written. The

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Modern surgical treatment of malignant skin melanoma: A brief literature overview

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REVIEW

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ABSTRACT

Background
Malignant melanoma (MM) of the skin is a rare, highly malignant tumour, affecting younger age. Its incidence rate has been rising as compared to all malignant neoplasms – 5 per cent of all newly diagnosed cancers in men, and 6 per cent of those in women.

Aims
The aim of the literature review is to present the contemporary tendencies in the surgical treatment and monitoring of patients with malignant melanoma of the skin.

Methods
Systematic Literature Review Made By Google and Science Direct.com Search Engines. Publications and guidelines in English, including the newest aspects in the overall care of patients with malignant melanoma of the skin. Information for the indications and contraindications of performing a sentinel biopsy.

Results
The study established that the most modern surgical treatment of a malignant melanoma of the skin includes: primary tumour biopsy, sentinel biopsy of the regional lymph nodes with wide re-excision of the affected area, usually with a radius of 2cm, and the removal of local recurrences, lymph and distant organ metastases. When it comes to monitoring, it has to be done according to the contemporary worldwide guidelines.

Conclusion
Successful treatment of skin MM is in direct correlation to keeping up with the most modern tendencies.

Key Words
Malignant melanoma, surgical treatment, sentinel lymph node biopsy

What this review adds:

1. What is known about this subject?
Malignant melanoma (MM) of the skin is a rare, highly malignant tumour, affecting younger age. Its incidence rate has been rising as compared to all malignant neoplasms.

2. What new information is offered in this review?
This review explores modern management of malignant melanoma.

3. What are the implications for research, policy, or practice?
Improvements in the management of malignant melanoma.

Introduction

Malignant skin melanoma (MM) is a rare and highly malignant tumour, affecting younger age. Its incidence rate is growing faster than that of other malignant neoplasms. If compared to other newly diagnosed malignancies, it accounts for 5 per cent of these in men and 6 per cent in women.[1]

medicina

MDPI

Article

Mucoepidermoid Carcinoma of the Uterine Cervix—Single-Center Study Over a 10-Year Period

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Abstract: *Background and objectives:* Adenosquamous cancer of the uterine cervix is a rare type of cervical cancer with both malignant squamous and glandular components. A very rare subtype is mucoepidermoid carcinoma (MEC), which was first described as a salivary gland tumor. It has been described as having the appearance of a squamous cell carcinoma without glandular formation and contains intracellular mucin. The postoperative evolution of this tumor and the potentially poorer prognosis may indicate an intensification of the follow-up. The objective of our study was to analyze the frequency of mucoepidermoid carcinoma in hospitalized women with cervical cancer, clinical characteristics and prognosis. *Material and Methods:* A retrospective study of all cases of mucoepidermoid carcinoma of the cervix at Department of Gynecologic Oncology, University Hospital—Pleven, Pleven Bulgaria between 1 January 2007 and 31 December 2016 was performed. All patients were followed-up till December 2019. We analyzed certain clinical characteristics of the patients; calculated the frequency of mucoepidermoid carcinoma of the cervix from all patients with stage I cervical cancer; and looked at the overall survival rate, correlation between overall survival, lymph node status and the size of the tumor. *Results:* The frequency of MEC was 1.12% of all patients with stage I cervical cancer in this study. The median age of the patients with MEC was 46.7 years (range 38–62). Four patients (57.1%) were staged as FIGO IB1, and three patients (42.8%) were FIGO IB2. The size of the primary tumor was <2 cm in 2 patients (28.57%), 2–4 cm in 2 patients (28.57%) and >4 cm in 3 patients (42.8%). Metastatic lymph nodes were found in two patients (28.57%), and nonmetastatic lymph nodes were found in five patients (71.43%). There were two (28.57%) disease-related deaths during the study period. The five-year observed survival in the MEC group was 85.7% and in the other subtypes of adenosquamous cancer group was 78.3%. *Conclusions:* MEC of the uterine cervix is a rare entity diagnosis. As a mucin-producing tumor, it is frequently regarded as a subtype with worse clinical behavior and patients' outcomes. Nevertheless, our data did not confirm this prognosis. New molecular markers and better stratification are needed for better selection of patients with CC, which may benefit more from additional treatment and new target therapies.

Keywords: mucoepidermoid cervical carcinoma; adenosquamous carcinoma; survival rate; lymph node involvment

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CASE SERIES

TREATMENT OF VULVAR LEUKOPLAKIA WITH THERESIENOL – A NEW OPPORTUNITY

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Abstract

Introduction. The vulvar leukoplakia includes several diseases. The most common are vulvar lichen sclerosus and squamous cell hyperplasia of the vulva. These two conditions have many common features, but also have significant differences. Both of them have a risk of malignancy, and a risk of relapse after therapy.

Cases presentations. We present four patients with clinically diagnosed vulvar leukoplakia. The therapy for all of them continued between two and three months, and subsequent one-year follow-up was carried out. The vulvar lichen sclerosus and squamous cell hyperplasia of the vulva have similar etiology, and clinical signs and symptoms, but different histopathological features, which also necessitate different therapeutic methods – conservative or surgical. All conservative therapeutic options have their side effects, while the surgical ones do not result in definite healing – the possibility of relapse of disease is present. In our cases, we observed rapid and stable response on the part of the clinical signs and symptoms with no complications.

Résumé

Le traitement de la leucoplasie vulvaire à l'huile de Thérèse – une nouvelle perspective

Introduction. La leucoplasie vulvaire n'est pas un diagnostic histologique et comprend plusieurs conditions. Les plus communes d'entre elles sont le lichen scléreux vulvaire et l'hyperplasie squameuse de la vulve. Ces deux conditions présentent de nombreuses caractéristiques en commun, mais également de grandes différences. Dans les deux cas il y a le risque de malignité ou de rechute de la maladie après un traitement avisé curatif.

Rapport du cas. Nous présentons quatre patients avec un diagnostic clinique de leucoplasie vulvaire, traités à l'huile de Thérèse. Tous les patients avaient leur traitement durant deux à trois mois et ils étaient en suivi pendant un an après. Le lichen scléreux et l'hyperplasie squameuse vulvaire ont d'étiologie similaire, ainsi que des signes et symptômes cliniques. Ils ont aussi des particularités histopathologiques qui nécessitent également de traitements différents – conservatif ou par chirurgie. Toutes les options thérapeutiques

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Conclusions. Due to disturbance of the quality of life upon manifested clinical presentation, the vulvar leukoplakia requires treatment. The therapy with TheresienOl is effective about the clinical symptoms, but only further follow-up and inclusion of new patients will show whether the risk of occurrence of vulvar cancer decreases.

Keywords: vulvar leukoplakia, lichen sclerosus, squamous cell hyperplasia, TheresienOl.

Abbreviations:
VLS = vulvar lichen sclerosus
SCHV = squamous cell hyperplasia of the vulva
LS = lichen sclerosus

conservatoires ont des effets secondaires. De l'autre part, la chirurgie n'entraîne toujours pas de guérison définitive à risque de récidive de la maladie toujours présente et non-négligeable. Dans nos cas, nous avons traité nos patients avec de l'huile de Thérèse et nous avons observé une réponse rapide et stable de tous les signes et symptômes cliniques sans complications ou malignité.

Conclusion. Concernant la perturbation de la qualité de la vie lors de la présentation clinique, la leucoplasie vulvaire nécessite d'être traitée. Le traitement à l'huile de Thérèse est efficace en regard de symptômes cliniques, mais seulement un suivi complet et prolongé ainsi que le traitement d'autres patients peuvent montrer si le risque de malignité de la condition soit en diminution.

Mots-clés: leucoplasie vulvaire, lichen scléreux, hyperplasie squameuse vulvaire, l'huile de Thérèse.

Introduction

There are two diseases of the vulva, which are combined under the name of non-neoplastic epithelial disorders of the vulva: vulvar lichen sclerosus (VLS) and squamous cell hyperplasia of the vulva (SCHV). They have different pathological features and similar clinical behaviour. They are also called white lesions of the vulva because the vulvar skin and mucous membrane of the patient might appear white[1]. The frequency of non-neoplastic epithelial disorder of the vulva is 1 out of 300 to 1 000[2].

VLS is a chronic dermatosis with a predilection for keratinized vulvar skin. It has two diagnostic histopathological features: a lichenoid tissue reaction and dermal collagen homogenization, and it is mainly characterized by atrophy and thinning of the skin of the vulva and/or crissum. On the opposite, the skin is growing too thick in the case of SCHV.

The diagnosis of these diseases can be made clinically, but it is often confirmed by histological examination[3]. Symptoms may include: pruritus, burning, or stinging of the vulva, pain when having sex, a white or gray patch of thickened or thin skin on vulva, sometimes with scaling. Both conditions have also malignant potential: 3 to 6% for VLS, and 2 to 4% for SCHV[1].

The treatment of this disease includes different local preparations with corticosteroids, estrogens or testosterone, and also different destructive techniques as laser, alcohol denervation and – and in the last resort – surgical removal. We offer our experience with new herbal oil (TheresienOl), that we used in four women. The diagnosis was made based on the clinical signs and symptoms, and it was not confirmed histologically, while our objective was to find the effect of the medication on the symptoms and the duration of its activity.

Cases presentations

First clinical case: This is a 36-year-old patient with complaints of severely pronounced itchiness in the area of the vulva, which exacerbated at night-time. There were no previous operations or diseases. Patient had given birth to two children. No changes were found by the gynecological examination except for subtle leukoplakia in the area of labia majora. The patient had undergone antimycotic therapy with no response. Patient initiated treatment with TheresienOl twice daily, with complete fading of the symptoms on Day 7; there were no traces from changes on the part of the skin on Day 60 as well (Fig. 1). There were no complaints at the follow-up examination one year after the onset of treatment.

Second clinical case: This is a 65-year-old patient with severely pronounced itchiness at night-time, who had undergone skinning vulvectomy due to VLS ten years before, and who was operated and underwent radiotherapy due to endometrial carcinoma two years ago. The patient had been in the status of amenorrhea for 16 years, had given birth to two children, and has arterial hypertension. Leukoplakia of the vulva was found by a gynecological examination. Patient initiated therapy with TheresienOl twice daily, with complaints that disappeared on Day 25 (Fig. 2). The treatment continued for two months, and there were no complaints one year after its onset.

CASE REPORT

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Two clinical cases of alternative treatment with Theresienöl in surgical site superficial infections

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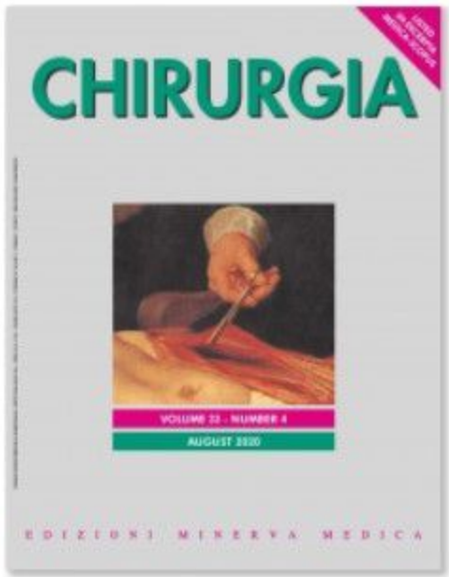
HTML PDF

The surgical site infection is a dangerous complication, occurring in surgical patients, which results in aggravation of the postoperative period. It occurs within 30 days from the surgical intervention at the surgical site or the same body area. The most common reason is bacterial contamination from the skin, genital or digestive systems, its main cause being S. aureus. This type of infection is classified as: superficial - affecting the skin and hypoderm; deep - when affecting the fascia and the muscles and organ-based - when affecting body cavities and organs therein. The signs for superficial infection of the surgical site are: presence of necrotic edges of the surgical wound, suppuration running out of it, reddening, swelling, pain and warming of the site. In the treatment of surgical site superficial infections, the following methods are being used: systemic antibiotic therapy, taking out the skin stitches, pus drainage, surgical and non-surgical necrotomy, local vacuum therapy, local application of antiseptic dressings, hyper-bar oxygenation, local administration of products, facilitating granulation and epithelization. We present here two clinical cases of alternative treatment with Theresienöl of surgical site superficial infection.

KEY WORDS: Surgical wound infection; Administration, topical; Therapeutics



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Two relatives female patients with primary malignant phyllodes sarcoma and primary stromal sarcoma of breast - A clinical case

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CASE STUDY

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ABSTRACT

The primary sarcoma of breast is a rare malignant tumour, which develops from the mesenchymal tissue of the mammary gland. It represents less than 1 per cent of all malignant diseases of the breast. The incidence is about 17 new cases per 1 000 000 women. The aetiology of that disease is unknown. The main method of treatment is the surgical excision with which includes the "safety-margin" of healthy-looking tissues.

We present a 57-year-old woman with probably familial, primary, malignant malignant phyllodes sarcoma. Her niece was diagnosed with periductal stromal sarcoma of the left breast five years ago. This evoked in us the idea that there is probably a familial connection between the two diseases.

After radical surgery the patient was undergone to radiotherapy and she is without any signs of recurrence till now.

Key Words
Malignant phyllodes sarcoma, stromal sarcoma of breast, sarcoma of the breast

Implications for Practice:

1. What is known about this subject?
The primary sarcoma of breast is a rare malignant tumour.

2. What new information is offered in this case study?
We present a woman with probably familial, primary, malignant phyllodes sarcoma.

3. What are the implications for research, policy, or practice?
There probably exists genetical predisposition in certain families connected with the development of sarcoma of breast.

Background

The primary sarcoma of breast is a rare malignant tumour, which develops from the mesenchymal tissue of the mammary gland.[1-3] It represents less than 1 per cent of all malignant diseases of breast.[4] The incidence is about 17 new cases per 1 000 000 women.[5] The aetiology of that disease is unknown.[6] The main method of treatment is the surgical excision with includes "safety-margin" of healthy-looking tissues, while in principle the axillary dissection is

AMJ Australasian Medical Journal [AMJ 2019;12(11):299-302]

Primary cutaneous adenoid-cystic carcinoma of thigh found accidentally and presenting with the clinical picture of small pigmented (dark brown) cutaneous fibroma: A clinical case

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CASE STUDY

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ABSTRACT

The primary cutaneous adenoid-cystic carcinoma represents a very rare neoplasm - less than 100 similar cases are reported in the literature until now. It affects persons of middle age or elder the female is involved a little more often the local relapses are observed in about half of the cases and it metastasizes most frequently in the regional lymph nodes and lungs.

We present a case of a 31-year-old woman with primary adenoid-cystic carcinoma of skin which was treated for a pigmented cutaneous fibroma. This required reoperating the patient.

The clinical manifestation of primary cutaneous adenoid-cystic carcinoma may imitate benign pigmented cutaneous fibroma. The final diagnosis of this disease is made by a pathologist based on the pathomorphological exam and immunohistochemistry. The basic method for treatment in these cases is the extensive local excision in a radius of 2cm from the lesion to avoid the risk of local relapse.

Key Words
Primary cutaneous adenoid-cystic carcinoma, cutaneous fibroma, skin cancer

Implications for Practice:

1. What is known about this subject?
The Primary Cutaneous Adenoid-Cystic Carcinoma is a very rare malignant tumour.

2. What new information is offered in this case study?
We present a case of a 31-year-old woman with primary adenoid-cystic carcinoma of skin which looks like small pigmented cutaneous fibroma.

3. What are the implications for research, policy, or practice?
The adenoid-cystic carcinoma very rare can originates from the eccrine sweat glands of the skin.

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Primary, nodal, marginal zone lymphoma of a woman's left breast imitated fibroadenoma: A case report

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CASE STUDY

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ABSTRACT

Background
Primary breast lymphoma is a rare malignant neoplastic disease, accounting for around 0.5 per cent of all malignant diseases of that organ, and also 2.2 per cent of extranodal lymphomas. The most common histopathological types are: diffuse large B-cell lymphoma, extranodal B-cell marginal zone lymphoma and MALT lymphoma. The primary affected group is with median age between 55 and 62 years. The clinical manifestation is usually of a tumour process in the affected breast.

Case presentation
Here we present an extremely rare case of a 68 years old woman with primary, nodal, B-cell, marginal zone lymphoma of the left breast, presenting itself under the mask of a benign tumour process, found accidentally following a histopathological examination of excisional samples.

Conclusions
Primary, nodal, marginal zone, B-cell lymphoma of the breast is extremely rare. Its clinical and mammographic presentation completely overlaps with those of fibroadenoma, which makes diagnosing it preoperatively practically impossible. Main treatment method here is not surgical, but radiological and chemotherapeutic.

Key Words
Primary breast lymphoma, extranodal lymphoma, nodal marginal zone lymphoma

Implications for Practice:

1. What is known about this subject?
Primary breast lymphoma is a rare malignant neoplastic disease, accounting for around 0.5 per cent of all malignant diseases of that organ, and also 2.2 per cent of extranodal lymphomas.

2. What new information is offered in this case study?
The clinical presentation of this type of lymphoma when it affects the breast is atypical and most often consists of a palpable non-painful formation.

3. What are the implications for research, policy, or practice?
The clinical and mammographic presentation of this lymphoma of the breast is completely overlapped with those of fibroadenoma, which makes diagnosing it preoperatively practically impossible.

Background

Primary breast lymphoma is a rare malignant neoplastic disease, accounting for around 0.5 per cent of all malignant diseases of that organ, and also 2.2 per cent of extranodal lymphomas.[1-3] 95 per cent of cases are women, while for men the frequency is less than 5 per cent.[4,5] The most

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ORIGINAL PAPER

Relation between type of hysterectomy and survival rate in patients with ovarian cancer – single-center study

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Abstract

Aim of the study: To evaluate the survival rate of patients with advanced ovarian carcinoma in relation to the type of surgical intervention – total abdominal hysterectomy with bilateral adnexectomy and omentectomy as a minimal standard compared to extended hysterectomy with a retroperitoneal approach.

Material and methods: The study was implemented based on retrospectively obtained data from 104 patients operated on for advanced epithelial ovarian carcinoma (FIGO stages II-IV) in the period from 2004 to 2012. Total abdominal hysterectomy, bilateral adnexectomy, and omentectomy were performed on 23 patients. Extended hysterectomy with a retroperitoneal approach and varying degrees of peritonectomy, omentectomy, and appendectomy were performed on 74 patients. Seven patients were treated with adnexectomy or biopsy alone. We divided the patients into two groups according to the mode of surgery. The first one comprised the patients who underwent radical hysterectomy and the second one comprised total abdominal hysterectomy plus bilateral adnexectomy. The two groups were examined for their overall survival rate, relapse-free survival rate, and 5-year survival rate.

Results: Mean overall survival rate, relapse-free survival rate, and 5-year survival rate in the group with extended hysterectomy were higher compared to the group with total abdominal hysterectomy.

Conclusions: The extended hysterectomy with a retroperitoneal approach with or without systematic lymph node dissection seems to be more appropriate in the surgical treatment of advanced ovarian carcinoma. The procedure is related to the improvement of survival rate as a result of the inclusion of macroscopically invisible lesions in the surgical removal.

Key words: ovarian carcinoma, radical hysterectomy, overall survival, 5-year survival rate.

Introduction

The EUROCARE-5 population study based on 107 oncological registers in 29 European countries for the period from 1999 to 2007 reported a 37.6% 5-year survival rate of ovarian cancer in all stages of the disease [1]. According to the CONCORD-2 program based on cancer registers in 61 countries, the 5-year survival rate for ovarian carcinoma in the advanced stage was 30%, and it was significantly lower compared to the disease limited to the pelvis, in which case the survival rate reached 80% [2]. Advanced ovarian carcinoma (AOC) remains a challenge for surgeons due to the need for complete surgical extirpation of the tumor with the purpose of extension of the period of survival. The standard surgical intervention, according to the guidelines, remains the total abdominal hysterectomy (TAH) with bilateral salpingo-oophorectomy and omentectomy [3]. Radical pelvic surgery, including hysterectomy, became necessary for a significant proportion of patients. A surgical technique was described in 1968 by Hudson and Chir, in which the retroperitoneal approach to the pelvic structures allows the complete removal of the neoplasm, without it being resected and without the persistence of residual tumor [4]. The procedure includes en bloc extirpation of the uterus with both adnexa, pelvic peritoneum with or without resection of the rectosigmoid colon and partial peritonectomy. The surgical technique for the retroperitoneal approach is similar to that for radical hysterectomy for cervical cancer. This type of hysterectomy can be termed extended hysterectomy (EH). Our study aims to assess the significance of EH for the overall and relapse-free survival rate.

Material and methods

The data were collected retrospectively from the hospital records of 104 patients operated on in the

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Retroperitoneal pelvic invasion in ovarian cancer: Possible modes of spread and survival impact

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RESEARCH

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ABSTRACT

Background
Ovarian cancer is the second-most common malignancy and the leading cause of death in women who develop cancers of gynaecologic origin and it spread primarily by direct exfoliation of cells along the peritoneal surface. Interesting fact, although not well studied, is that these tumours invade the mesothelium but very rarely they invade the peritoneum deeper through direct extension.

Aims
To study the retroperitoneal pelvic invasion in parametrial ligaments and vagina in patients undergoing surgery for advanced epithelial ovarian carcinoma and the survival impact of it.

Methods
The study included 59 patients with advanced epithelial ovarian cancer that underwent radical hysterectomy during the 2004–2009 period. For the purpose of this study histopathologic examination was performed for the parametrial ligaments and vagina with inspection of the surgical resection lines.

Results
Retroperitoneal pelvic invasion was found in 42.4 per cent of the cases, involving different depths of parametrial ligaments and/or vaginal spread, and is associated to worse survival outcomes.

Conclusion
Retroperitoneal pelvic invasion is not a rare phenomenon and seems to be a feature of the more aggressive tumours. In the cases of distal retroperitoneal pelvic invasion (vaginal) the patients' 5-year survival rate is similar to that of the stage IV ovarian cancer patients.

Key Words
Ovarian cancer, retroperitoneal pelvic invasion, direct extension

What this study adds:

1. What is known about this subject?
Ovarian cancer is spread primarily by direct exfoliation of cells along the peritoneal surface.

2. What new information is offered in this study?
Retroperitoneal pelvic invasion, involving different depths of parametrial ligaments and/or vaginal spread is more often than it is thought.

3. What are the implications for research, policy, or practice?
This necessitates more aggressive surgical treatment in the early stages of ovarian cancer.

Background

Ovarian cancer is the second-most common malignancy and the leading cause of death in women with gynaecological cancers.[1,2] The most common ovarian cancer is the epithelial subtype, constituting 90 per cent of all ovarian neoplasms.[3] Seventy percent of the patients present in advanced stages of the disease, with 10-year survival rates

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MDPI

Article

Single-Center Study of Lymphoepithelioma-Like Carcinoma of Uterine Cervix over a 10-Year Period

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Abstract: *Background and objectives:* Lymphoepithelioma-like carcinoma (LELC) is a histological type of malignant tumor arising from the uncontrolled mitosis of transformed cells originating in epithelial tissue. It is a rare subtype of squamous cell carcinoma of the uterine cervix. There are significant differences in frequency, mean age, viral status, and outcomes in Asian or Caucasian patients. *Materials and Methods:* A retrospective study of all cases of lymphoepithelioma-like carcinoma of the cervix at the Clinic of Oncogynecology, University Hospital, Pleven, Bulgaria between 1 January 2007 and 31 December 2016 was performed. All patients were followed-up till March 2019. We analyzed some clinical characteristics of the patients, calculated the frequency of lymphoepithelioma-like carcinoma of the cervix from all patients with stage I cervical cancer, and looked at the overall survival rate, the 5-year survival rate, and the correlation between overall survival, lymph node status, and the size of the tumor. *Results:* The frequency of lymphoepithelioma-like carcinoma was 3.3% for all cases with cervical carcinoma at stage I. The mean age of the patients with LELC was 49.6 years (range 32–67). Fourteen patients (82.4%) were in the FIGO IB1 stage, three patients (17.6%) were in the FIGO IB2 stage. Lymph nodes were metastatic in three patients (17.6%), non-metastatic in 13 patients (76.5%), and unknown in one patient. The overall survival rate was 76.47% for the study period and the 5-year survival rate of the patients that were followed-up until the 5th year (14 patients) was 69.23%. *Conclusions:* Lymphoepithelioma-like carcinoma is a rare SCC subtype, but it could be more frequent among western patients than previously thought. Our results do not confirm the data showing low risk of lymph metastasis and good prognosis of LELC, which is why we think that the treatment in these cases has to be more aggressive than is reported in the literature.

Keywords: lymphoepithelioma-like cervical cancer; overall survival rate; lymph node involvement; prognosis; follow-up

1. Introduction

Lymphoepithelioma-like carcinoma (LELC) is a histological type of malignant tumor arising from the uncontrolled mitosis of transformed cells originating in epithelial tissue. It is a common

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Original Research

Synchronous Primary Carcinoma of Uterine Cervix and Endometrium - Single-center retrospective study

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Summary

Background and objectives: Synchronous malignant tumors of the uterine body and the cervix are extremely rare. The stage of both malignancies at diagnosis has prognostic significance and there are only occasional reports in the literature. *Materials and Methods*: We performed a retrospective study of all cases, where surgery for synchronous primary cervical and endometrial cancers was done at the Clinic of Oncogynaecology, University Hospital – Pleven, Bulgaria for an 8-year period. Patients were followed-up until December 2019. We analyzed some clinico-pathological characteristics of both malignant conditions as demographical data and menopausal status of the patients, as well as the histological type and TNM 8 stage of both cancers; we tried to correlate them with the rates of overall survival. *Results*: We explored 1460 patients' files and identified 6 cases of synchronous cervical and endometrial cancers. The mean age of the patients was 58 years (range 47-65). 5 of them (83.3%) were diagnosed in menopause. In 1 case (16.7 %) the size of the cervical cancer (CC) was $>$ 4 cm (locally advanced disease), in 3 cases (50%) it was below 2 cm, and in the remaining 2 cases (33.3%) the CC was only microinvasive. The CC histology was squamous cell carcinoma without keratinization in 5 women (83.3%) and in 1 case (16.7%) - adenosquamous. The histology of all endometrial cancers (EC) was endometroid adenocarcinoma and all of them were stage I. *Conclusions*: Co-existence of synchronous cancers of the uterine cervix and endometrium does not seem to worsen the prognosis of the patients and may even be beneficial: the symptoms of the EC may lead to earlier diagnosis of the synchronously existing malignant conditions.

Key words: Multiple primary malignancies; Synchronous multiple primary malignancies endometrial cancer; Cervical cancer; Treatment; Survival.

Introduction

Multiple primary malignancies (MPM) have been first described in 1879 by Billroth [1]. MPM may originate from a single or from multiple anatomical organs [2]. As per North American Association of Central Cancer Registries (NAACCR) MPM could be subdivided into two categories: (1). Synchronous MPM, where cancers occur at the same time or maximum within 6 months the first primary cancer and (2). Metachronous MPM, where cancers follow in sequence, occurring more than six months apart [1]. As per IACR/IARC and many other classifications a primary tumor originates in a primary site or tissue and is neither an extension, nor a recurrence, nor a metastasis. Synchronous tumours are diagnosed in an interval of less than 6 months if arising in different sites [3].

It is frequently reported that synchronous diagnosis of different cancers introduces additional difficulties and sometimes a delay in the diagnosis. It may thus introduce a delay in the subsequent treatment of both tumor localizations. Cancers from different anatomical regions may necessitate different initial approaches, e.g. surgery, neoadjuvant systemic treatment or radiotherapy. It seemed interesting to assess whether the same would be valid for synchronous tumors in close anatomical or functional proximity (e.g. gynecological cancer). A second co-existing primary gynecological cancer, occurring in a patient with EC, may be earlier diagnosed due to early symptoms of the EC. Thus the co-existence of MPM within one organ or system may even be beneficial, leading to an earlier diagnosis of an otherwise diagnosed at a later stage and more aggressive tumor that is still asymptomatic.

Synchronous MPM are generally rare and their frequency is not well described in the literature. Synchronous MPM from the female reproductive system are even rarer and there are a few case reports published [4]. Occasional retrospective analyses report a rate of 0.7 % [5]. The most

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CASE REPORT

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Synchronous primary cervical carcinoma and ovarian fibroma: challenge in surgery

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HTML PDF

The cancer of uterine cervix is one of the most common carcinomas in women. This morbid entity can frequently take its course synchronously with other benign and malignant diseases of the female reproductive system. We present a case of 57-year-old woman with cancer of uterine cervix, in whom a formation in the lesser pelvis was diagnosed by accident - it was preoperatively accepted as a large myoma, but, subsequently, it was found to be fibroma of the ovary. These concomitant diseases can result in difficulties when performing of the volume of surgery for the main diseases and intraoperative complications.

KEY WORDS: Uterine cervical neoplasms; Fibroma; Surgery

Unsuspected ovarian metastasis from well-differentiated, limited in endometrium endometrial cancer – case report

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Abstract:

Introduction: Endometrial cancer is more and more frequently diagnosed in women who have pregnancy plans at older age. After initial clinical staging, if endometrial cancer has been classified in stage I, detection of unsuspected metastasis (e.g. ovarian) is less than 5%.

Case report: We present a case report of a 38-year-old patient with well-differentiated endometroid endometrial cancer without invasion in the myometrium and synchronous metastasis in one of the ovaries.

Discussion: Ovarian preservation has become routine in younger patients with squamous cervical cancer or very early stage ovarian cancer. Until present, this is has not been confirmed as a standard in early endometrial cancer, regardless of the histology subtype.

Conclusion: Ovarian preservation should still not be routinely considered in early endometrial cancer, regardless of histology subtype, grading and degree of myometrium invasion.

Key words: endometrial cancer, ovarian metastasis, low risk

Introduction:

Endometrial cancer occurs at increasing rates and in 2018 in the USA, 63230 new cases were reported (3.6% of all new diagnoses of malignant cancers) and 11,350 patients died with this diagnosis (1.9% of all cancer-related deaths) [1]. This is a disease that most frequently occurs in women in their menopause years, but about 14% of the patients are diagnosed in premenopausal age, including 4% of them before 40 years of age [2]. If endometrial cancer is localized in the uterus, the prognosis is better as compared to other malignant gynecology diseases [3].

Occult ovarian metastases in clinically determined stage I endometrial cancer is reported in about 5% [4 – 6]. Standard surgical management consists of total hysterectomy with bilateral annexectomy and pelvic paraaortic lymph node dissection in high-risk stages. Ovarian

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ORIGINAL PAPER

Uterine smooth muscle tumours of uncertain malignant potential: single-centre experience and review of the literature

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Abstract

Introduction: Uterine smooth muscle tumours of uncertain malignant potential (STUMPs) are a rare histologically heterogeneous group of uterine smooth muscle tumours (SMTs). Their malignant potential and clinical differentiation between leiomyoma and leiomyosarcoma remain uncertain prior to surgical removal.

Aim of the study: To investigate the patients and tumour characteristics of patients with STUMPs and to propose algorithms for optimal diagnosis, treatment, and follow-up management.

Material and methods: This was a single-centre retrospective cohort study of all patients who underwent surgery for a preoperative diagnosis of uterine myoma at the University Hospital "Dr. Georgi Stranski", Pleven, Bulgaria during a period of 33 months (from January 2013 until October 2015). Data were obtained from the medical history records. We performed descriptive analysis to characterise the patient population (e.g. demographics, age, contraceptive use, and complaints that led to the diagnosis) and the tumour characteristics. Last data were obtained prior May 2019.

Results: A total of 320 medical records were retrospectively evaluated. The preoperative diagnosis of myoma was confirmed in 279 of the cases (89.4%). In 27 (8.3%) cases the final histological result was completely different. In 14 (2.3%) a histological postoperative diagnosis of STUMP was identified. All 14 STUMP lesions were intramural with a median size of 7.5 cm (range 3.5 to 15 cm). The median age at diagnosis of STUMP was 45.4 years (range 36 to 52 years), and 92.9% (n = 13) of the patients were premenopausal. Ultrasound data of a rapidly growing myoma were a reason for diagnosis in only three patients (25%), whereas 92.9% of the patients (n = 13) presented with heavy menstrual bleeding with or without anaemia. After surgery, none of the patients with STUMP experienced a relapse of the disease within the median follow-up time of 48 months (R = 40-78).

Conclusions: STUMP tumours are rare tumours, predominantly diagnosed in premenopausal women. They define a group of patients with very good long-term prognosis. Therefore, longer follow-up is needed to allow for conclusions on recurrence rate and survival.

Key words: myoma, smooth muscle tumours with uncertain malignant potential, leiomyosarcoma, operative treatment.

Introduction

Uterine smooth muscle tumours are divided into benign (leiomyoma) or malignant (leiomyosarcoma). This differentiation is based on histological criteria such as the presence of tumour cell necrosis, cytological atypia, and mitotic activity of the tumour cells [1]. The term uterine smooth muscle tumours of uncertain malignant potential (STUMP) was used for the first time in 1973 by Kempson [2]. It relates to an intermediate group of tumours, which cannot be histologically diagnosed as unequivocally benign or malignant [1]. No particular risk factors or prognostic features have been identified yet, and their aetiology is not fully understood. STUMPs are rare and most frequently affect women in their mid-forties. Their diagnosis is most often histological

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Vaginal myoma – A rare type of vaginal tumour

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CASE STUDY

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ABSTRACT

Vaginal myoma is an extremely rare benign tumour. Its clinical picture is multiform, core being the presence of pain symptom. This diagnosis is not that easy and malignant tumour should always be considered.

We present three clinical cases, where the formations differ in their dimensions, localizations and clinical pictures. We used one and the same method in their surgery and there was no recurrence during the follow up period.

We cannot rely on clinical symptoms or gynaecological examination to diagnose vaginal leiomyoma. The ultrasonography is only of orientational character. Therefore, each formation originating vaginally should be treated as malignant – it should be removed intact, without disrupting its entirety.

Key Words
Vaginal myoma, diagnosis, treatment

Implications for Practice:

1. What is known about this subject?
Vaginal myoma is a very rare type of vaginal tumour.

2. What new information is offered in this case study?
There are no diagnostic tools that can diagnosticate the vaginal myoma with absolute sure.

3. What are the implications for research, policy, or practice?
When treating vaginal mass, we must bear in mind that malignant tumour may be present in this vaginal mass.

Background

Vaginal leiomyoma is a very rare type of smooth muscle tumour and until nowadays less than 400 cases have been reported in publications worldwide. Bennett and Ehrlich found only nine cases in 50,000 surgical specimens and only one case in 15,000 autopsies reviewed at Johns Hopkins Hospital.[1] Usually they are small, originating from the anterior vaginal wall and are asymptomatic,[2] yet depending on their size and localization they may be accompanied by low abdominal pain, back pain, vaginal bleeding, dyspareunia and various urinary symptoms as voiding frequence or difficulty.[3] Sometimes the diagnosis is not easy and the differential diagnostic plan includes also cystocele, urethrocele, skene duct abscess, gartner duct cysts, urethral diverticulum, vaginal cysts, bartholin gland cysts, and vaginal malignancies.[1]

We present here three cases of vaginal myomas of different clinical manifestations and localization.

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REVIEW PAPER

Vulvar leukoplakia: therapeutic options

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Abstract

Vulvar leukoplakia is not a histological diagnosis and involves several diseases. Most commonly, these are vulvar lichen sclerosus and squamous cell hyperplasia of the vulva. These two conditions have similar aetiology, clinical presentation and treatment but different histopathological changes. They both lead to significant impairment of quality of life, risk of malignancy, as well as recurrence after treatment.

Treatment of these conditions includes topical corticosteroids as a first-line therapy, but they have their side effects and not all patients are receptive to this therapy. This requires the use of alternative therapeutic options such as topical calcineurin inhibitors, topical and systemic retinoids, other steroid creams, various destructive techniques and, as a last resort, surgical removal of affected tissues. Surgical treatment should be avoided, despite the malignant potential, because of recurrence risk in both diseases

New therapeutic approaches are coming into effect in gynaecological practice due to potential risks of the above-mentioned methods. Platelet-rich plasma therapy, ablative and non-ablative laser treatment, and new topical medicines, are some of the new options applied to improve the efficacy of treatment avoiding the side effects of conventional medications. A number of them are still in their initial phase of application and time will tell their effectiveness.

Key words: vulvar leukoplakia, vulvar lichen sclerosus, squamous cell hyperplasia of the vulva, treatment.

Introduction

The term vulvar leukoplakia is not a histological but a descriptive diagnosis meaning "white spot". It is used for non-inflammatory diseases characterized by pathological modification of external genitalia multilayered flat epithelium that is accompanied by skin and mucosa cornification [1]. It combines various atrophic and hypertrophic diseases of the vulva classified in the past as vulvar dystrophies [2]. This group includes lichen sclerosus (LS), squamous cell hyperplasia, condyloma acuminata, psoriasis, lichen planus, mixed LS and atrophicus. White colouration is caused by excessive keratin, at times deep pigmentation, and relative avascularity [3]. Two non-neoplastic epithelial disorders of the vulva – vulvar LS (VLS) and squamous cell hyperplasia of the vulva (SCHV) – are generally referred to as vulvar leukoplakia. They have different anatomical and pathological features, but similar clinical manifestations. The frequency is 1 in 300 to 1,000 [4]. Treatment involves different approaches such as topical medications, platelet-rich plasma (PRP) therapy, various destructive techniques, e.g. ablative and non-ablative laser treatments, alcohol-mediated denervation and, in the last instance, surgical removal of the affected tissues.

Aetiology

The two major diseases leading to white skin coloration in the external genitalia are VLS and SCHV. These are chronic conditions and their occurrence is determined by many factors such as immunity, sexual hormones, injuries, environment, enzymes, free radicals, and apoptosis. It is assumed that VLS and SCHV are genetic immune diseases [5].

VLS is the most common chronic lesion of the vulva and mainly affects the anogenital area [4, 5], but may have extragenital location as well. In 20% of patients with anogenital involvement extragenital involvement is found too [6-9]; in 6-15% of LS cases disease manifestations have extragenital locations only [8, 9]. The classical

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CASE REPORT

TWO CLINICAL CASES OF MODERN POSTOPERATIVE TREATMENT OF A 3RD DEGREE SKIN BURN WITH THERESIENÖL

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Abstract

Introduction. Skin burns are one of the most common traumatic injuries in human society. Most of them are small in area and not life-threatening, due to which people hardly look for specialized medical care for their treatment. This is not the case with large burns, which even of a low grade may result in serious complications and even death. According to the injury depth the burns are divided into 1st, 2nd, 3rd and 4th degree, while the most frequently used method to define their area relative to the total body surface is that of the nines. The treatment of burns is a difficult and slow process and is directly depending on their depth, area and injuring agent. Surgical and non-surgical method are used, their goal being the following: pain reduction, prevention of infection, removal of avital tissues, preventing the formation of coarse scars, keloids and contractures of the joints or if the patient has them, they to be as minimal as possible and finally overcoming the consequences.

Résumé

Deux cas cliniques de traitement post-opératoire moderne des brûlures de la peau de troisième degré avec du Thérésienöl

Introduction. Les brûlures de la peau sont l'une des lésions traumatiques les plus courantes dans la société humaine. La plupart d'entre elles sont de petite taille et ne mettent pas la vie en danger, de sorte que les gens ne recherchent guère de soins médicaux spécialisés pour leur traitement. Ce n'est pas le cas des grandes brûlures qui, même de faible intensité, peuvent entraîner des complications graves, voire la mort. En fonction de la profondeur de la blessure, les brûlures sont divisées en degrés I, II, III et IV. La méthode la plus fréquemment utilisée pour définir leur surface par rapport à la surface totale du corps est celle des neuf. Le traitement des brûlures est un processus lent et difficile qui dépend directement de la profondeur, de la zone et de l'agent blessant. Des méthodes chirurgicales et

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Cases presentation. We present here two clinical cases of 3rd degree limited burns, initially treated with necrectomy and antiseptic silver dressings, and subsequently alternatively with Theresienöl.
Conclusions. Theresienöl is a good alternative to the free skin graft plastics, when it refers to 3rd degree, small size burns.

Keywords: Theresienöl, skin burn, 3rd degree skin burn.

Rapport du cas. Nous présentons ici deux cas cliniques de brûlures limitées au IIIe degré, initialement traitées par une nécrectomie et des pansements antiseptiques à l'argent et par la suite avec Theresienöl.
Conclusions. Theresienöl est une bonne alternative aux plastiques greffés à peau libre, lorsqu'il s'agit de brûlures de petite taille de IIIe degré.

Mots-clés: Theresienöl, brûlures cutanées, brûlures cutanées de IIIe degré.

Introduction

Skin burns are one of the most common traumatic injuries in humans. Most of them are small in area and not life-threatening, due to which people hardly look for specialized medical care for their treatment. This is not the case with large burns, which even of a low grade may result in serious complications and even death[1]. According to their aetiology, the burns are divided into: scalding (result from hot fluids), flame-type (resulting from fire), contact (resulting from contact with hot objects), electrical (result from electric current), radiational (resulting from impact of radiational substances), chemical (resulting from the impact of chemical substances)[1-6].

According to the injury depth, the burns are classified into:

- 1st degree – the epidermis is intact, the skin is tender, red, dry and with no blisters;
- 2nd degree – partial damage of skin layers:
  - 2 A – superficial partial damage: here the epidermis is destroyed; there are skin blisters, while the underlying derma is wet, pink and very tender and painful. When compressed, it gets pale and after that the capillary filling is immediate.
  - 2 B – deep partial damage: the epidermis and the superficial derma are destroyed and the deep derma is observed. The diagnosis of this type is difficult, because the damaged area may look like 2 A or 3rd degree, but in all cases after compression the capillary filling is either lacking or very slow.
- 3rd degree – total destruction of the epidermis and the derma, there is no pain, due to killing the nerve endings, while the skin is white to dark brown, depending on the damaging agent. When touched, it is dry and feels like processed clothes leather;
- 4th degree – in this case, the underlying tissues (hypodermal fat, muscles, etc) are also destroyed[1].

Apart of the depth of the burn, its surface area is also a very important prognostic factor. The most frequently used method for its assessment relative to the total body surface is that of the nines[7]. The body areas are divided in 9% or multiple by 9%: head 9%, front side of the body 2×9%, back side of the body 2×9%, left lower extremity 2×9%, right lower extremity 2×9%, left upper extremity 9%, right upper extremity 9%, perineum and genitals 1%.

The treatment of burns is a difficult and slow process and directly depends on their depth, area and injuring agent. Surgical and non-surgical methods are used, their goal being the following: pain reduction, prevention of infection, removal of avital tissues, preventing the formation of coarse scars, keloids and contractures of the joints or if the patient has them, they to be as minimal as possible and finally overcoming the consequences[1].

We present here two clinical cases of 3rd degree limited burns, initially treated by necrectomy and antiseptic silver dressings, and after that alternatively with Theresienöl.

Cases presentation

First clinical case

A 36-year-old man was hospitalized with a diagnosis of 3rd degree electric burn, with a surface under 1%, at the base of right hand, first finger. The patient underwent necrectomies of the site to healthy tissues, immediately after his hospital admission.

CASE REPORT

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Unconventional myomectomy for large nascent myoma

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Leiomyomas are the most common benign gynaecological tumors and are one of the most frequent reasons for hysterectomy worldwide. We present a 36-year-old nulliparous Caucasian woman, with complaints of severe and painful menstrual bleeding, dyspareunia for 6 months. A pelvic formation, measuring 5/28 cm was diagnosed. Because of the potential malignancy risk, the tumor size and the location non-standard combined double abdomino-vaginal surgical approach was used. There are many operative techniques described in the literature depending on size, location and number of the myomas as well as on patient's preferences; there are still clinical situations that remain challenging to choose the best surgical approach. In cases, when the standard methods for myomectomy are not considered appropriate, the option for an individual non-standard approach has to be discussed.

KEY WORDS: Myoma; Surgical procedures, operative; Uterine myomectomy

Unconventional myomectomy for large nascent myoma

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ABSTRACT

Introduction: Leiomyomas are the most common benign gynaecological tumors and are one of the most frequent reasons for hysterectomy worldwide.

Clinical case: We present a 36-year-old nulliparous Caucasian woman, with complaints of severe and painful menstrual bleeding, dyspareunia for 6 months. A pelvic formation, measuring 5/28 cm was diagnosed. Because of the potential malignancy risk, the tumor size and the location non-standard combined double abdomino-vaginal surgical approach was used.

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ТОТ'НЕМА - ПРЕПАРАТ НА ИЗБОР ПРИ ЖЕЛЯЗОДЕФИЦИТНА АНЕМИЯ В АКУШЕРО - ГИНЕКОЛОГИЧНАТА ПРАКТИКА

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Резюме: *Цел: Нашата цел беше да тестваме ефективността на железния препарат Tot'hema при лечението на желязодефицитна анемия (ЖДА) при пациенти, претърпели оперативно лечение по повод гинекологични заболявания.*

Материал и методи: Бяха изследвани общо 110 пациентки, оперирани в нашата клиника по повод на малигнени и бенигнени заболявания. Разделени бяха по групи, в зависимост от степента на анемията. Всички те бяха изписани с предписание да приемат Tot'hema в дневна доза от 2 до 4 ампули и след 30 дни да се изследва хемоглобин (Hb).

Резултат: При всички пациентки, без значение на първичната диагноза, се наблюдава повишаване на хемоглобина с 10 до 15 g/l за период от 30 дни.

Извод: Tot'hema е препарат, който бързо повишава нивата на хемоглобина следоперативно, няма странични ефекти от приема му и лесно се понася от пациентите.

Въведение: Най-честата анемия в световен мащаб е желязодефицитната анемия. Според критериите на СЗО анемична е всяка жена с Hb под 120 g/l. В зависимост от нивото на хемоглобина заболяването се разделя на три степени:

I степен – 120 g/l – 95 g/l
II степен – 95 g/l – 65 g/l
III степен – под 65g/l

Честотата на разпространение в България е: при бременни – 29,7 %, деца – 26,7 % и жени в детеродна възраст – 17,7% [1]. Основните причини

ИСТМОЦЕЛЕ – УСЛОЖНЕНИЕ НА ЦЕЗАРОВО СЕЧЕНИЕ. КЛИНИЧЕН СЛУЧАЙ С ЛИТЕРАТУРЕН ОБЗОР.

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Резюме:
Честотата на раждане чрез Цезарово сечение нараства в световен мащаб поради намаляване броя на оперативните вагинални раждания, вагиналните раждания на близнаци, седалищни предлежания и след предходно Цезарово сечение. Това води до увеличаване на различни усложнения свързани с абдоминалното оперативното родоразрешение и едно от тях е истмоцеле. Въпреки че по-често е безсимптомно, то може да е свързано и с менструални смущения, болков синдром и вторичен стерилитет.
Представяме случай на пациент, който след две предходни цезарови сечения има неправилни менструални кръвотечения и ултразвуковото изследване постави диагноза истмоцеле.
Ключови думи: *истмоцеле, усложнение, диагноза, лечение*

ISTMOCELE – COMPLICATION OF CESAREAN SECTION. CASE REPORT WITH LITERATURE REVIEW

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Abstract:
The frequency of cesarean section increases worldwide because of the decrease of the rate of operative vaginal deliveries, vaginal delivery of twin gestation, breech deliveries, and vaginal birth after cesarean section. This leads to higher rate of complications of abdominal operative birth and one of these complications is istmocele. It is more often asymptomatic, but it can cause menstrual abnormalities, chronic pelvic pain and secondary infertility.
We present a case of woman who had two previous cesarean sections and after that she is complaining of abnormal menstrual bleading. The ultrasound examination shows istmocele.
Key words: *istmocele, complication, diagnosis, treatment*

Въведение:

Честотата на раждане чрез Цезарово сечение (ЦС) нараства в световен мащаб (1, 2). Това се дължи на намаляване честотата на оперативни вагинални раждания – с форцепс или вакуум екстрактор, вагиналните раждания при близнаци, седалищни предлежания и след предходно ЦС (3).

Световната Здравна Организация приема, че честота на ЦС от 10-15% в популацията води до намаляване на майчината и фетална смъртност, а над тази стойности няма този ефект (4). Някои автори съобщават за честота на ЦС до 50%, което води до увеличаване на усложненията от него без наличие на полза за майката и плода(5, 6). Тези усложнения биват ранно настъпили – ексцесивни кръвотечения водещи до хистеректомия или до кръвоприливане на големи количества еритроцитна маса, маточни руптури, кардиак арест, остра бъбречна недостатъчност, тежки инфекции, дехисценция на оперативната рана и късно настъпили – инфертилитет, тазови сраствания, тазова болка(7).

Едно такова усложнение е дефект на оепартивния цикатрикс от предходно ЦС наречено истмоцеле. То води след себе си различни проблеми като маточни руптури, ектопична бременност в цикатрикс, спотинг, дисменорея, диспареуния, хронична тазова болка (8 - 14).

Представяме случай на истмоцеле, който бе лекуван в нашата клиника хистероскопски след като диагнозата бе поставена при вагинално ултразвуково изследване.

Клиничен случай:

Касае се за 34 годишна пациента с две предходни бременности и две раждания. Не съобщава за придружаващи заболявания и предходни операции освен две цезарови сечения. Последното е извършено

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ЛЪЧЕВОИНДУЦИРАН ЕНДОМЕТРИАЛЕН КАРЦИНОМ СЛЕД ПРОВЕДЕНА ДЕФИНИТИВНА ТЕЛЕГАМАТЕРАПИЯ ЗА РАК НА МАТОЧНАТА ШИЙКА – ПРЕДСТАВЯНЕ НА КЛИНИЧЕН СЛУЧАЙ С ЛИТЕРАТУРЕН ОБЗОР

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Абстракт:

Въведение: *Лъчетерапията отдавна се е наложила като основен метод за лечение на пациенти с карцином на маточната шийка във IIB-IVA стадий. С добавянето на химиотерапия преживяемоста на тези пациенти се увеличава. Това от своя страна води до повишаване риска за развитие на лъчеиндуциран ендометриален карцином.*

Клиничен случай: Представяме случай на 72 годишна пациентка оперирана в нашата клиника с диагноз ендометриален карцином, възникнал 3 години след проведена дефинитивна теле гама терапия по повод ра на маточната шийка.

Дискусия: Лъчеиндуцирания ендометриален карцином е с много ниската честота– 0.5-0.8%. Прогноза за тези пациенти не е добра. Пет годишната преживяемост се приема за 21%

Причините за тази лоша прогноза са: над 70% от случаите се диагностицират в напреднал стади обикновено е по-агресивен хистологичен вариант – нискодиферинциран ендометроиден ендометриален карциносарком, папиларен серозен или светлоклетъчен.

Времето за възникването му е около 14 години.

Заключение: Пациенти провели дефинитивна лъчетерапия заради инвазивен цервикален рак все още може да имат ендометриум, в който да настъпи неопластична дегенерация. Лъчевоиндуцирания ЕК има по-ниска преживяемост и по-лоша прогноза поради по-честото си късно откриване, лош хистологичен вариант и лоша диференциация. Ето защо тези пациенти трябва да се проследяват изключително внимателно.

Ключови думи: лъчевоиндуциран ендометриален карцином; карцином на маточната шийка; дефинитивна лъчетерапия; лечение

DEVELOPMENT OF A RADIATION-INDUCED ENDOMETRIAL CARCINOMA FOLLOWING DEFINITIVE RADIOTHERAPY FOR CERVICAL CANCER- CASE REPORT AND LITERATURE REVIEW

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Abstract

Introduction: Radiotherapy has been long established as the main method of treatment for patients with cervical carcinoma in IIB – IVA stage. With the addition of chemotherapy, survivability of those patients has been increased. This by itself leads to an increased risk of developing radiation-induced endometrial carcinoma.

Clinical case: We present the case of a 72-year old patient, who underwent surgery in our clinic, diagnosed with endometrial carcinoma; the carcinoma occured 3 years after a definitive telegamma therapy, performed because of a cervical cancer.

Discussion: Radiation-induced endometrial carcinoma has a very low incidence – 0.5-0.8%. The outcome for these patients is not good. 5-year survival rate for those patients is 21%.

The reasons for this prognosis are: over 70% of cases are diagnosed in advanced stages, usually the histological type is more aggressive - poorly differentiated endometrioid endometrial carcinoma, carcinosarcoma, papillary serous or clear-cell carcinoma.

This carcinoma's time of development is usually around 14 years.

Conclusion: Patients, underwent definitive radiotherapy for an invasive cervical cancer can still have endometrium, where a neoplastic degeneration can occur. Radiation-induced endometrial carcinoma has lower survival rate and worse prognosis due to late diagnosing, worse histological type and bad differentiation. That is why those patients should be monitored extremely carefully.

Key words: radiation-induced endometrial carcinoma; cervical cancer; radiotherapy; treatment

Въведение:

Канцерогенният ефект на йонизиращата радиация е описан при оцелели след атомните бомбардировки в Япония, както и при пациенти с онкологични заболявания подложени на лъчетерапия (1).

Лъчетерапията отдавна се е наложила като основен метод за лечение на пациенти с карцином на маточната шийка във IIB-IVA стадий. Според повечето рандомизирани клинични проучвания преживяемостта се увеличава с добавяне на конкурентна химиотерапия и това доведе до превръщането на комбинираната лъче-химиотерапия в стандарт за лечение на локално авансирали тумори - IB2–IVA (2-6). Освен лечебен ефект, йонизиращите лъчения може да увредят нормалните тъкани, в това число и ендометриалната лигавица. В случаите при които се постигне траен положителен ефект по отношение на първичното заболяване, възможността за възникване de novo на малигнен процес не трябва да се подценява.

Клиничен случай:

Касае се за 72 годишна пациентка, постъпваща в [illegible] д-р Г. Странски"

МИНИЛАПАРОСКОПИЯ В ОПЕРАТИВНАТА ГИНЕКОЛОГИЯ – ПРИНОС С ОСЕМ КЛИНИЧНИ СЛУЧАЯ

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MINI-LAPAROSCOPY IN THE OPERATIVE GYNECOLOGY: CONTRIBUTION BY EIGHT CLINICAL CASES

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Резюме:

Увод: Минимизирането на оперативния достъп е една от основните тенденции на съвременната хирургия. Минилапароскопията се прилага при все по-разнообразна гинекологична патология. *Цел*: Авторите представят възможностите за приложение на минилапароскопска техника в гинекологичната практика. *Материал и методи*: В Аджибадем СитиКлиник болница „Токуда“, София, бяха извършени осем минилапароскопски гинекологични интервенции с различна степен на сложност при доброкачествена патология на женската полова система. Беше използвана 2.6 mm, 30^0 оптика (LIL-33-30, Microlap, Conmed, Utica, NY), два 3 mm порта (Microlap, Conmed, Utica, NY) за микролапароскопски инструменти, като при необходимост единият от тях се заменяше с 5 mm или 10 mm порт за въвеждане на 5 mm биполярна клампа CAIMAN® или за тъканна екстракция. Беше използван сет от инструменти за минилапароскопия (Microlap, Conmed, Utica, NY). Според литературни данни методът допринася за редуциране на следоперативната болка, риска от възникване на херния, подкожна и субфасциална екстравазация на кръв (хематом). Технологичният напредък в минилапароскопския инструментариум би довел до превръщането на методиката в предпочитан метод за оперативно лечение. *Заключение*: Минилапароскопията е оперативна техника със съпоставима клинична ефективност на конвенционалната. Този тип достъп е изцяло в интерес на пациента и въпреки техническите затруднения считаме, че е приложим при по-голямата част от гинекологичната хирургична дейност.

Ключови думи: минилапароскопия, бенигнени гинекологични заболявания

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Abstract:

Introduction: The minimization of operative access is one of the main modern surgery trends. The mini-laparoscopy is applied for the treatment of increasingly more varied gynecological pathology. Aim: The authors present the possibilities of using mini-laparoscopic technique in gynecological practice. Material and Methods: Eight mini-laparoscopic gynecological interventions – of various degree of complexity – were performed in Acibadem CityClinic Hospital "Tokuda", Sofia due to benign pathology of female reproductive system. 2.6-mm, 30° optics (LIL-33-30, Microlap, Conmed, Utica, NY) was used, as well as two 3-mm ports (Microlap, Conmed, Utica, NY) for micro-laparoscopic instruments, while one of them was being replaced – as needed – with a 5-mm or 10-mm port for insertion of 5-mm bipolar clamp CAIMAN® or for tissue extraction. A set of instruments for mini-laparoscopy (Microlap, Conmed, Utica, NY) was used. According to data from literature, the method contributes to reduction of postoperative pain, and of the risk of occurrence of hernia, and subcutaneous and subfascial extravasation of blood (hematoma). The technological advance in the mini-laparoscopic set of instruments would bring

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МОРФОМЕТРИЧНО ПРОУЧВАНЕ ВЪРХУ КАЛИБЪРА НА АБЕРАНТНИ ОБТУРАТОРНИ СЪДОВЕ.

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Резюме

Увод: *При извършването на лимфна дисекция в обтураторната област, често се наблюдават вариации на обтураторните съдове.*

Цел: *Да се измерят диаметъра и ъгъла на отделяне на аберантни обтураторни съдове, идентифицирани в хода на минимално-инвазивна тазова лимфна дисекция при жени с рак на маточната шийка.*

Материал и методи: *Проучването включва 133 минимално инвазивни радикални хистеректомии с тазова лимфна дисекция при пациентки, с рак на маточната шийка, за периода от 2007 до 2011г., оперирани в Клиника по Онкогинекология, УМБАЛ-Плевен. В хода на оперативните интервенции бяха регистрирания аберантни обтураторни съдове и чрез обработка на филмовия материал, бяха измерени със софтуерен продукт.*

Резултати: *Средният диаметър на arteria obturatoria accessoria (n=8) беше 2,50±0,54 мм. Не се установи сигнификантна разлика между калибъра на артериалните обтураторни клонове на a. iliaca externa и a.epigastrica inferior (f=0,411; p=0,543). Средният ъгъл под който AOA се отделяше от AIE беше 97,38°±14,39. Средният диаметър на vena obturatoria accessoria в групата беше 3,93±1,82 мм. Нямаше съществени различия между диаметъра на обтураторните вени вливащи се в vena iliaca externa и в v. epigastrica inferior (f=0,011; p=0,935). Ъгълът под който VOA се вливаше в VIE беше 96,09°±23,25.*

Заключение: *Аберантните обтураторни съдове имат среден калибър и нараняването им е нежелан артефакт при извършването на тазова лимфна дисекция, който може да доведе до съществени затруднения.*

Ключови думи: *калибър, аберанта обтураторна артерия, аберантна обтураторна вена, тазова лимфна дисекция*

MORPHOMETRIC STUDY ON CALIBER OF THE ABERRANT OBTURATOR VESSELS.

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ПРОФИЛАКТИКА И ЛЕЧЕНИЕ НА РАННИТЕ УСЛОЖНЕНИЯ ОТ СТРАНА НА ЛИМФНАТА СИСТЕМА ПРИ РАДИКАЛНО ОПЕРИРАНИ ОНКОБОЛНИ В ОНКОГИНЕКОЛОГИЯТА

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Резюме:

Цел: *Целта е да представим нашия опит в медикаментозната профилактика на следоперативното лимфоцеле /Л/ с препарата Phlebodia при пациентки, претърпели лимфна дисекция /ЛД / в процеса на оперативно лечение на онкогинекологични заболявания.*

Пациенти и методи: *В проучването са включени 283 пациентки с онко- гинекологични заболявания, оперирани в УМБАЛ „Г. Странски", Плевен, Клиника по Онкогинекология за периода от 01.01.2014 до 01.01.2015г.*

На всички пациентки е извършена ЛД, като следоперативно е прилагана стандартна постоперативна терапия и е включен медикамента Phlebodia.

Резултати: *За 2013г. са извършени общо 232 ЛД за всички локализации, като регистрираните и третирани Л са общо 12. За 2014г. са извършени с 51 бр. повече ЛД т.е. 283, като диагностицираните Л са общо 6.*

Заключение: *Познавайки етиологията и механизмите на появата на Л, прилагането на медикаменти, използвани достатъчно рано следоперативно, в достатъчна дозировка и продължително време позволяват адекватната му профилактика.*

PROPHYLAXIS AND TREATMENT OF EARLY COMPLICATIONS OF LYPMH NODE SYSTEM IN RADICAL TREATED PATIENTS WITH ONCOGYNAECOLOGYCAL DISEASES

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Summary:

Aim: *The aim is to present our experience with Plebodia in patients with lymph node dissection for prophylaxis of lymphocelle.*

Patients and methods: *Our study represents 283 patients with oncogynecology diseases, hospitalized in UMBAL G. Stranski for 1 year.*

Results: *For 2013, 232 lymph node dissections are made. 12 of them have lymphocelles. In 2014, 283 lymph node dissections are made and only 6 of them have lymphocelle.*

Discussion: *The usage of Phlebodia reduces the postoperative lymphocelles.*

Лимфогенното метастазиране е един от основните начини за разпространение на туморни клетки от първичния туморен процес. Извършването на лимфни дисекции /ЛД/ в различен вид са необходими за пълния обем хирургично лечение на тези заболявания. Усложненията, свързани с тях са известни и за съжаление неизбежни. Непрекъснато се търсят консервативни и минимално инвазивни методи за профилактика и лечение на усложненията.

Появата на усложнения от ЛД се определя от обема, локализацията на ЛД, добрата хирургична техника, анатомичните особености на лимфните съдове, състава на лимфата, лимфния дренаж, съотношението между резорбция и излив на лимфна течност.

Честотата на лимфоцелето/Л/ е различна, варирайки от 0.4% до 58.7%. %*(1),като симптомни са 5-18 %.Wu K(2) съобщава за 7.8%, Conte M за 22.2%, като количеството е вариабилно от 46 до 300 мл. на 12-24 следоперативен ден. /2,3/

Клинично Л бива асимптомно, симптомно и усложнено, като изявата му зависи от локализацията, големината и наличието на инфекция.

Профилактиката на следоперативната лимфорея и лимфоцеле могат да се разделят на:

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ПЪРВИ СТАДИЙ СВЕТЛОКЛЕТЪЧЕН ЕНДОМЕТРИАЛЕН КАРЦИНОМ – МОЖЕ ЛИ ТОВА ДА НИ УСПОКОЯВА? КЛИНИЧЕН СЛУЧАЙ И ЛИТЕРАТУРЕН ОБЗОР

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Абстракт:

Въведение: *Ракът на маточното тяло заема 8,6% от всички онкологични заболявания при жената. . Най-честият хистологичен вариант на този карцином е ендометроидния в 75-80%, следван от папиларния серозен в 15-20%, докато светлоклетъчния е регистриран само в 1-6%(3),с обща преживяемост за първи и втори стадии, значително по-ниска от тази при останалите типове - 71%.*

Клиничен случай: *Представяме случай на 62 годишна пациентка оперирана по повод хистологично доказан светлоклетъчен ендометриален карцином. Въпреки проведеното радикално оперативно лечение по стандартите на Република България и последващата лъчетерапия се установява рецидив на основното заболяване 15 месеца по-късно в парааорталните лимфни възли.*

Дискусия: *Етиологията на СЕК не е добре изяснена, но се смята че е различна от тази на ЕЕК. Поради ниската честота на СЕК няма утвърдена стандартна терапевтична схема. Хирургичната интервенция е основно направление в лечението му. Дори когато няма миометрална инвазия,поради високия метастатичен потенциал има висок риск от екстрауетерино разпространение .*

Заключение: *Светлоклетъчният ендометриален карцином е по-агресивен и с по-лоша прогноза от ендометроидния. Ето защо би трябвало винаги да се извършва пълния хирургичен обем, след което да се провежда адювантна платина базирана химиотерапия. Поради високия риск от ранно рецидивиране и далечно метастазиране, пациентите трябва да се проследяват изключително внимателно с използването на съвременните методи на образна диагностика.*

Ключови думи: *светлоклетъчният ендометриален карцином; оперативно лечение; метастазиране; адювантна терапия*

FIRST STAGE CLEAR-CELL ENDOMETRIAL CARCINOMA – CAN THIS BE A RELIEF? CLINICAL CASE AND LITERATURE REVIEW.

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СПОНТАНЕН АБОРТ ПРИ ИНВАЗИВЕН КАРЦИНОМ НА МАТОЧНАТА ШИЙКА – КЛИНИЧНО ПРЕДИЗВИКАТЕЛСТВО

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Абстракт:

Въведение: *Ракът на маточната шийка е едно от най-често срещаните онкологични заболявания по време на бременност. 1 до 3% от пациентите с диагноза карцином на маточната шийка са бременни в момента на поставяне на диагнозата. Поради тенденцията жените да отлагат раждането за по-късен етап от своя живот, се очаква поставянето на тази диагноза да става все по-често.*

Клиничен случай: *Представяме случай на 30 годишна пациентка диагностицирана с карцином на маточната шийка стадий IB1, в 16 гестационна седмица. Липсва желание за запазване на бременността. В хода на подготовката за оперативно лечение, по време на болничния престой се развива картина на инкомплетен аборт с ексцесивно генитално кървене.*

Дискусия: *При ранен стадий цервикален карцином и бременност до 20 г,с., и липса на желание за запазване на бременността, метод на избор е дефинитивно лечение чрез радикална хистеректомия с плода in utero, с тотална тазова лимфаденектомия. Трансцервикалното евакуиране на бременността се избягва поради опасността от обилно кървене и лимфоваскуларна инвазия. Случаите със спонтанен аборт са редки и създават редица поведенчески дилеми.*

Заключение: *Случаите със спонтанен аборт при жени с карцином на маточна шийка са редки и трябва да се третират като независими от карцинома акушерски усложнения.*

Ключови думи: *спонтанен аборт при карцином на маточна шийка, инвазивен цервикален карцином, лечение*

A MISCARRIAGE DURING PREGNANCY COEXISTING WITH AN INVASIVE CERVICAL CARCINOMA – CLINICAL CHALLENGE

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Abstract

Introduction: *Cervical cancer is one of the most common oncological diseases during pregnancy. 1 to 3% of patients, diagnosed with cervical carcinoma, are pregnant at the moment of diagnosing. Due to the tendency of women postponing pregnancy and birth to a later stage of their lives, the incidence of this diagnosis is expected to increase.*

Clinical case: *We present the case of a 30-year old patient, diagnosed with cervical carcinoma stage IB1, in 16th gestational week. She has no desire to keep the pregnancy. During the preparations for surgical treatment, while the patient is hospitalized, the clinical signs of incomplete miscarriage with excessive genital bleeding are observed.*

Discussion: *In an early stage cervical carcinoma and pregnancy before 20th gestational week and lack of desire to keep the pregnancy, method of choice is definitive treatment via radical hysterectomy with the foetus in utero, with total pelvic lymphadenectomy. Transcervical evacuation of the pregnancy is avoided because of the danger of massive bleeding and lymphovascular invasion. Cases with miscarriage are rare and present a lot of behavioral dilemmas.*

Conclusion: *Cases with miscarriage in women with cervical carcinoma are rare and should be treated as independent from the carcinoma obstetric complications.*

Key words: *miscarriage, cervical carcinoma during pregnancy, treatment*

Case Report

A CASE REPORT OF INFLUENCE OF FREE TYROSINE KINASE/ PLACENTAL GROWTH FACTOR (SFLT-1/PLGF) RATIO TEST FOR PREECLAMPSIA ON CLINICAL DECISION MAKING IN SCREENING POSITIVE WOMEN

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Summary

Preeclampsia (PE) is characterized by hypertension and proteinuria after the 20th gestational week (GW). It is a significant cause of maternal and fetal perinatal morbidity and mortality during pregnancy. There is increasing evidence suggesting that PE is due to an impaired balance between maternal placental angiogenic and antiangiogenic factors that harm maternal vascular endothelium. The study aimed to assess the clinical and financial aspects of introducing into practice the soluble fms-like tyrosine kinase (sFlt-1) to placental growth factor (PlGF) ratio test to improve the management of preeclampsia and adverse pregnancy outcome, intrauterine growth retardation, iatrogenic prematurity, and placental abruption.

We report a case study in which we used the sFlt-1/PlGF ratio in the management of a high-risk pregnancy. Unnecessary hospitalization was avoided, and the patient was managed appropriately.

Key words: preeclampsia, sFlt-1/PlGF ratio, adverse pregnancy outcome

Introduction

Preeclampsia (PE) is characterized by hypertension and proteinuria after the 20th gestational week (GW) and is a major cause of maternal, perinatal morbidity, and mortality during pregnancy [1]. The incidence on a global scale is subject to discussions, but it has been accepted in the last years that it affects between 2 and 8% of all pregnancies [2]. Forty-two percent of all maternal preterm deliveries are correlated to PE [2]. According to Shennan et al., sub-standard care accounts for 20 out of 22 lethal outcomes, which are associated with preeclampsia, and 63% were defined as undoubtedly avoidable [3]. PE was divided into early - before the 34th gestational week, and late - after the 34th gestational week [1].

During the last several decades, most of the efforts of exploratory groups were directed to the clarification of the etiology and pathogenesis of preeclampsia, discovery, and application of different preventive and therapeutic means for treatment. The pathogenesis of PE is still not well understood, regardless of the enormous number of researches [2]. It is clear that the condition

Genetic testing of BRCA 1/2 in high-grade ovarian cancer – an ethical obligation, not a therapeutic option

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The current scientific literature advocates the role of pathogenic mutations in BRCA 1/2 as a significant prognostic and predictive biomarker in high grade ovarian cancer (HGOC). The routine clinical practice is evolving and lead to the introduction of BRCA 1/2 testing as an important part of the diagnostic work-up and not only as a predictive marker in the platinum-sensitive recurrent disease. In Bulgaria, currently, there is no access to reimbursement of genetic testing in HGOC. There is an option to do it at later stages upon recurrent disease and is currently an option, not routinely explored in many patients.

By summarizing data from a large tertiary oncological institution, we underline the need of information about BRCA 1/2 status, considering molecular analysis as an obligation at diagnosis of HGOC. We identify potential gaps and suggest a way for their improvement which would eventually lead to improvement of the current management strategy of all patients with HGOC in Bulgaria.

keywords:

high-grade serous ovarian cancer, mutations in BRCA 1/2, systemic therapy, overall survival

ИЗСЛЕДВАНЕ НА BRCA 1/2 СТАТУС ПРИ ВИСОКОСТЕПЕНЕН **ОВАРИАЛЕН КАРЦИНОМ**

Етично задължение, а не терапевтична възможност

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**Автори с еднакъв принос*

Много научни публикации през последните години определиха ролята на патогенните мутации в гените BRCA 1/2 като ключови не само за предикция при лечение на пациентките с високостепенен овариален карцином (ВСОК), но и като основен прогностичен фактор с голямо клинично значение. Тези данни доведоха до промяна в съвременното разбиране и рутинна клинична практика: изследването за мутации в BRCA 1/2 се наложи като диагностична процедура, а не като възможно изследване при рецидив на болестта. Поради липсата на

ключови думи:

високостепенен овариален карцином, BRCA 1, BRCA 2, лечение, обща преживяемост

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Very Large, Rapidly Growing Myoma during Second Trimester of Pregnancy - Outcome

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Abstract

Intruduction: The leyomyoma is the most common gynaecological tumor. Uterine myomas during pregnancy occur in 2 to 10% of all cases. One tenth of those may lead to complications of the pregnancy. According to most ultrasounds studies myomas remain the same size or become smaller during pregnancy.

Case: This case report is about 34 year old woman, nullipara, in 14th week of pregnancy. Through ultrasound observation was found subserous pediculated myoma node with diameter of 20cm. When the pregnancy was found, the myoma was not. A median laparotomy with myomectomy was performed without any complications. On the 38th week of pregnancy a healthy, 3400g, full-term baby was delivered by cesarean section.

Conclusion: Though rarely, rapidly growing and very large myomas can be an indication for miomectomy during the second trimester of pregnancy. Laparotomic myomectomy should be preferred over laparoscopic myomectomy in cases of very large myomas, due to prolonged operative time, inapplicability of in-bag morcellation and related risks of dissemination of a leiomyoma or leiomyosarcoma.

Keywords: Very large myoma; Pregnancy; Myomectomy; Rapidly growing myoma

Introduction

The leiomyoma is the most common benign gynaecological tumour [1]. Uterine myomas during pregnancy occur in 2 to 10% of all cases. One tenth of those may lead to complications of the pregnancy. According to most ultrasounds studies myomas remain the same size or become smaller during pregnancy [2-4]. Estrogen and progesterone were thought to play a major role in the development and growth of myomas, but recently this theory has been questioned.

Usually myomectomy is avoided during pregnancy, but in some situations it is indicated, despite the risk of hemorrhagic complications that may require hysterectomy due to the increased vascularity [5-7]. Laparotomic myomectomy during pregnancy has been reported as a safe approach more than a hundred years ago [8,9]. The most common indications for myomectomy during pregnancy are acute pelvic pain that is not responsive to medical therapy, signs of red infarction or torsion of pedunculated myomas, and abdominal discomfort due to a large or rapidly growing myomas [7,10].

Clinical Case

We present a 34 year old nulliparous, Caucasian woman at 14th week of gestation. The patient was admitted in our clinic with a 20cm myoma. A few months ago, before the conception, through ultrasound observation a normal gynecologycal status was found. At 5th gestational week a normal pregnancy was detected, without any signs of myoma. At 7th week of pregnancy a 3.5cm. subserous myoma was found. At 12th week of pregnancy the ultrasound observation showed a subserous pediculated myoma on the left edge of the uterine fundus with dimensions 15/10.9cm. The analysis of the ultrasound observations showed unexpected progressive increasing of the myoma size. Because of the rapid growth and the big size a median laparotomy with myomectomy was performed. A 23cm pedunculated subserosal

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Editorial OMICS International

Viruses Causing Neoplastic Diseases

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Editorial

The current issue of Journal of Cell science & Apoptosis focuses on one of my fields of interest - the role of the local viral status - especially the presence or absence of HPV and EBV in some rare histological types of cervical carcinoma such as LELC and warty.

According to IARC there are seven viruses causing neoplastic diseases and classified as Group I. Two of them are HPV and EBV. The long exposure to the viral agent and the severity of the infection are crucial for unlocking the oncogenes that give the start of the malignant process. Both EBV and HPV could lead to carcinoma in number of locations. The different localizations are more frequent in different parts of the world - for example for EBV: It is most widely known as the causative agent of infectious mononucleosis but in Central China it is related to carcinoma of the nasopharynx and in Central Africa - with Burkitt's lymphoma. Epidemiology clearly shows that the age of the patients with malignancy, caused by EBV decreases in the so called Third world countries.

In contrast, HPV is described as the classic causative agent for carcinoma of the uterine cervix. Despite the fact that the majority of the surgical specimens present with HPV infection when examined and the wide spread of the revolutionary vaccine, there are still a lot of new cases every year. This could be explained with the fact, that 10% of cervical cancer is not a result of HPV infection. This is where the role of EBV becomes interesting for the gynecologists.

Lymphoepithelioma is described for the first time as a neoplasm of the nasopharynx. The histological features of this tumor are a syncytial growth pattern of undifferentiated malignant cells with prominent lymphoplasmacytic stromal infiltration. Later the similar tumors have been described in salivary gland, lung, stomach and thymus and have been called lymhoepithelioma-like carcinoma (LELC). In the uterine cervix it was reported for the first time by Hamazaki et al. in 1968. Although it is a very rare tumor it is necessary to be differentiated from the squamous cell carcinoma because of its better prognosis. It is considered that LELC is associated with EBV infection in Asian women and with HPV or no infection in Caucasian patients. Our aim is to confirm whether or not LELC is more commonly associated with HPV infection rather than with EBV infection in Caucasian patients or whether there is no correlation to the previous viral exposure.

Lymhoepithelioma-like cervical cancer is a very rare tumor. First it was thought to be a subtype of poorly differentiated squamous cell carcinoma, histologically characterized by nests of undifferentiated epithelial cells with a syncytial growth pattern infiltrated by a severe lymphocytic infiltrate.

This type of cervical cancer has low frequency - 5.5% in Asians and even less - 0.7% in Caucasians. In the female genital tract it has been reported in the vulva, vagina, uterine cervix and endometrium. It affects mostly younger women than the common cancer of uterine cervix – often less than 40 years old and the tumor size can vary from no visible lesion to a large exophytic mass. The pathogenesis of LELC is unknown but it is suggested that this carcinoma is associated with Epstein Barr Virus (EBV) in the Asian population - Tseng et al. reported that 73.3% (11/15) of Asian women with this type of cervical cancer were positive for the antibody of EBV. In Caucasians it is suggested that LELC is associated with Human Papilloma Virus (HPV) or have no virus genesis - Noel et al. did not detected EBV and found HPV in some of their patients. Bais et al. also detected HPV in part of their patients. The same results report and Chao et al. – in no western women they detected EBV and in 48% of Asian women with LELC they found EBV. They suggest that racial and geographic factors might have role of the pathogenesis of LELC.

The LELC has better prognosis than common cervical cancer such as squamous cell carcinoma and adenocarcinoma. Hasumi et al. reported that the 5-year survival of such patients is also better than the other squamous cell carcinomas.

The ethiology of those tumors is not researched enough, mostly due to the fact that they are so rare. Our team presents 16 cases of Lymphoepithelioma like carcinoma, which is one of the largest studies in this field so far. We also present 13 patients with Warty carcinoma and 6 patients with Mucoepidermoid carcinoma. The further research on the three cohorts clearly shows that LELC has better prognosis than the rest two groups. This means that the identification of EBV/HPV presence in the malignant cells can alter the standard operative and post-operative behavior. In theory, this could lead to reducing the expenses in healthcare, concerning this disease and being more beneficial for the young patients themselves (mean age for the malignancies in mind is 49 y.o.).

The research is a result of combining the following:

Revisiting surgical specimens, revisiting paraffin blocks with tissue samples, performing IHC, performing in situ hybridization, studying the epidemiology ,pro-retrospective study of the patients' status - alive/dead and have/doesn't have recurrence.

My team's results demonstrate that almost half of the patients did not have detection of HPV or EBV infection. Underlying HPV infection was proven in three cases and EBV infection - in two. The two cases of EBV infection are in Caucasian women thus contrast with the data of other authors, which describes this infection mostly in Asian women. With this single exception our findings confirm the results published in the literature.

My team's results show that not every patient with LELC has presence of HPV or EBV. The role of these two viruses in the pathogenesis of the tumor is not fully understood. This could indicate

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Case Report

Warty carcinoma of the uterine cervix extending to the endometrial cavity – case report

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ABSTRACT:

Introduction: Femur bone is used for anthropometric analysis in the cases of unidentified parts if available. So that very difficult Warty carcinoma is a rare form of squamous cell carcinoma (SSC) of the uterine cervix and has better prognosis than the high-differentiated squamous cell carcinoma. There is only one case with extention of warty carcinoma in the uterine cavity described in the literature so far. We are describing second case. The patient presented with genital bleeding and pelvic pain. Radical hysterectomy with total lymph node dissection was performed after carcinoma of the uterine cervix was histiologically verified.

Key Words: warty carcinoma, endometrial invasion, uterine cervix, squamous cell carcinoma

Introduction:

Warty carcinoma is a rare variant of the malignant diseases that affect the uterine cervix (1, 2). The most common location of this tumor is in the anal and genital area- vulva, vagina and uterine cervix, anus and penis (3). As a clinical behavior, it stands between the varicose and the low grade squamous cell carcinoma. The lesions of warty carcinoma of the uterine cervix are usually found in the primary site. There are only a couple of cases described in literature that have expansion toward the uterine cavity.

Case report:

A 54 year old postmenopausal woman, gravida 2 para 2 presented with genital bleeding and pelvic pain 7 years after her last mensturation. Cervical biopsy was performed with histological result – squamous cell carcinoma (SCC). She was admitted to the Clinic of Gynecologic Oncology, University Hospital "Dr.G. Stranski" –Pleven for surgical treatment.

Her medical history did not include any pathology except arterial hypertension and diabetes. On gynecological examination, the uterine cervix was bulky but without visible lesions and the uterus was enlarged - m.l. II. The results from clinical laboratory were unremarkable. Her last routine checkup with gynecologist was three years ago when she had no complaints

Radical hysterectomy with bilateral adnexectomy and total pelvic lymph node dissection was performed. The total number of lymph nodes was twenty two.

The histiological results showed SCC warty type of the cervix with stromal invasion and koilocytic cytopathic change with extreme atypia (figure 1). The neoplastic extension reached the uterine cavity, invading the endometrium (figure 2), and also the lymphovascular space (LVSI). As far as we know this is the second described case of warty lesions located in the uterine cervix, which invades other, anatomically close structures. This expansion explains the enlarged uterus. Histologic examination of the rest of the specimen from the same patient was without abnormalities. The patient was staged according to the FIGO TNM grading system as T1b pNo Mo. Patient's postoperative period was uneventful. The external beam radiation therapy (EBRT) was performed 30 days later. The patient is free of tumor recurrence or occurrence of symptoms 8 year after the surgical procedure.

Discussion:

Warty carcinoma of the uterine cervix is a rare variant of SCC. It is usually found in postmenopausal women and have a better prognosis than the common cervical cancer. Presence of underlying HPV infection is often described. It is histiologically described as a hybrid feature of verucose carcinoma and the condylomata acuminata(4) - the difference is that the verucose carcinoma does not show features of a typical invasive squamous cell carcinoma at the deep margin. The warty type differ from conventional squamous cell carcinomas by the presence of large numbers of atypical koilcytes.(5) It was thoroughly described as a malignant vulvar lesion and it is known that it have lymph metastatic potential when this area is affected.(5) The cervical localization is more rare and poorly documented in the literature. Cervical warty lesions are usually found only in loco and have no expansion toward other anatomical structures. There is only one other described case of uterine invasion in literature and as far as we know there is one case

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Journal of Clinical & Experimental Oncology

Case Report

A SCITECHNOL JOURNAL

Warty Carcinoma of the Uterine Cervix with Lymph Node Metastasis: A Case Report with a Literature Review

Angel Danchev Yordanov[1]*, Stanislav Hristov Stanchev[2], Strahil Asenov Strashilov[3], Ivan Tzvetanov Malkodanski[4], Borislava Ivova Dimitrova[1], Ivan Nedkov Ivanov[5] and Ilko Ivanov Iliev[1]

Abstract

Warty carcinoma of the cervix is a rare form of squamous cell carcinoma. This subtype has better prognosis than the high-differentiated squamous cell carcinoma. It is known that it has lymph metastatic potential when vulva or penis are affected but as far as we know there are no described cases with lymph node metastases in literature for warty cervical cancer.

Keywords

Cervical cancer; Warty carcinoma; Lymph node metastasis

Introduction

Warty carcinoma is a rare form of squamous cell carcinoma (SCC) of the uterine cervix [1,2]. It has two components -condyloma and invasive squamous cell tumor. This histologic type has better prognosis, when compared to well differentiated cervical sqamous cell carcinoma. The most common locations of this tumor are in the anal and genital areas- vulva, vagina and uterine cervix, anus and penis. For most of the locations it occurs mainly in peri- and postmenopausal women, with the exception of vulvar warty carcinoma, which is most common in younger patients [3]. The involvement of the anus and the penis can be seen in young immunosuppressed men [3].

Although warty carcinoma is rarer than the other histologic types of cervical carcinoma, the latest research on this topic shows that it has better prognosis than the high-differentiated squamous cell carcinoma.

Case Report

A multiparous 45-year-old woman was admitted to our clinic with history of postcoital bleeding for six months. She did not have medical history of other gynecological problems. The only surgical intervention she had was appendectomy. The general physical examination was without abnormalities. On pelvic examination the cervix was found to be hard, bulky and bleeding on touch. The parametrial ligaments were not involved. The other pelvic organs were without abnormalities. Rest of the systemic examination was normal, with normal blood count and normal ultrasound. Cervical biopsy was performed. The diagnosis SCC was made after histopathological examination of the surgical specimen. The patient underwent Class III radical hysterectomy with pelvic lymph node dissection. Forty one lymph nodes were removed. Histological examination showed micrometastasis in two of them (Figure 1 & 2). The patient was staged according to FIGO TNM classification as pT1b2pN1M0. The patient's postoperative period was uneventful. External beam radiation therapy (EBRT) therapy was performed 30 days after the intervention and remains free of disease for five years.

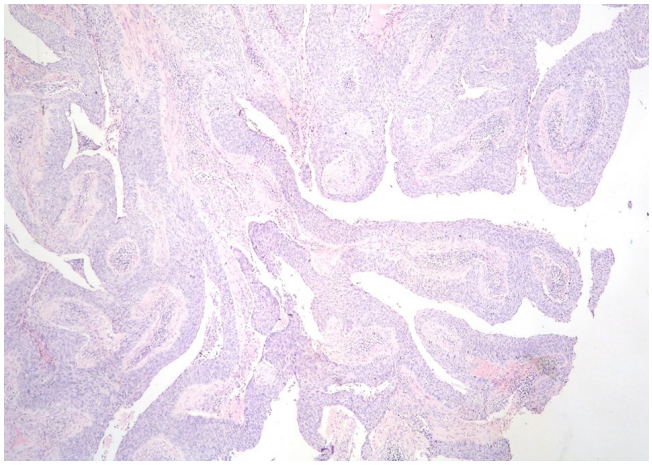

Figure: 1 Microscopic view of the cancer of the uterine cervix, x100 magnification

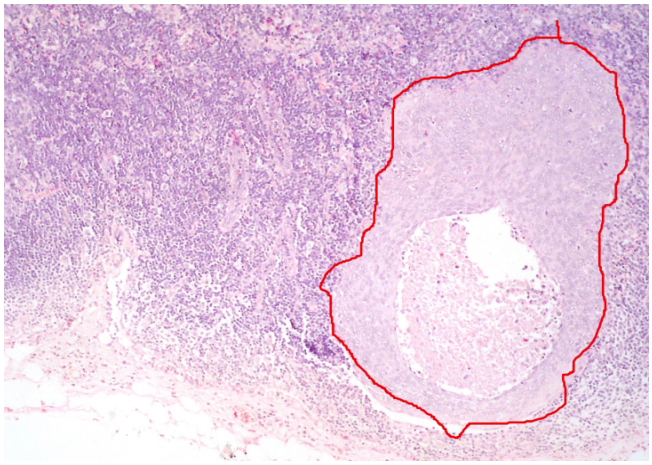

Figure: 2 Microscopic view of the metastatic lymph node, x 100 magnifications.

Discussion

Warty carcinoma of the uterine cervix is a rare variant of SCC. The tumor is frequently associated with HPV. As a clinical behavior, it stands between the verrucose and the low grade squamous cell carcinoma. It is usually described as a hybrid feature of invasive

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A Rare Case of Undeveloped Multiple Pregnancy in Uterus Didelphys

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Abstract

Uterus anomalies result from an abnormal development of the Mullerian ducts during embryogenesis and are a diverse group of malformations. Their incidence in the general population is 4.3 %. Uterus didelphys is a relatively rare uterus abnormality. It's related to the reduced ability of conception, higher incidence of abortions, premature birth, abnormal fetus position and presentation and cesarean section. We present a very rare case of spontaneous and undeveloped multiple pregnancies in each of the uteruses of uterus didelphys. We diagnosed this malformation with the help of transvaginal ultrasound test. We performed vacuum aspiration separately for each of the uterine cavities.

Keywords: Uterus Didelphys; Multiple Pregnancy; Outcome

Introduction

Müllerian ducts anomalies are congenital defects of the female reproductive system and are a diverse group. Their incidence in the general population is around 4.3%, and in patients with recurrent miscarriages is up to 13% [1]. The most common anomaly is a septate uterus in 35% of cases, followed by unicornuate uterus in 25% of cases and arcuate uterus in 20%. Uterus didelphys is among the most rare uterine anomalies, with 1 of 1000-30000 women and a share of 8.2% [1]. This malformation, as the other abnormalities in the uterus development is related to various obstetrical problems - secondary sterility and premature pregnancy termination. Multiple pregnancy in case of uterus didelphys is a very rare condition.

Clinical Case

It is about a 20 year old patient, who is sent to the clinic for termination of the found undeveloping multiple pregnancy. The ambulatory gynecology examination showed two separate uteruses, and in each of them was visualised a gestational sac with one embryo, fitting 7-8 gestational week and lack of heart pulsations. The patient's symptomes were weak genital bleeding, with no pain syndrome. That fit the clinical presentation of a missed abortion. Our gynecology examination showed the presence of a longitudinal septum of the vagina around 3 cm and to the left and right of it-two separate uterine cervixes. Transvaginal ultrasonography visualised two gestational sacs with two embryos, without heart activity, localized in two separate uterine cavities (Figure 1). The two uteruses were fitting for the amenorrhea duration - 7-8th gestational week. We diagnosed uterus didephys with missed abortion of two embryos in two separate gestational sacs, each of them localized in a separate uterine cavity.

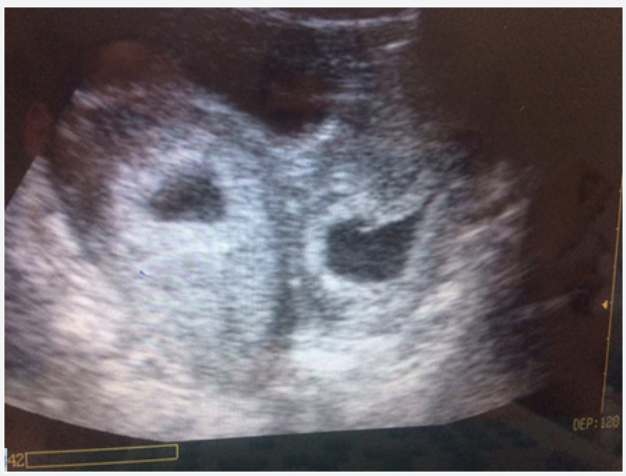

Figure 1: Transvaginal ultrasonography – two separate uteruses, in each of them a gestational sac is found with one embryo.

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Review Article
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Contemporary Tendencies in Surgical Treatment and Biopsy of Sentinel Lymph Nodes in Malignant Melanoma of the Skin

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Abstract

The malignant melanoma is a fairly rare, but very malignant tumor, emanative from epidermal melanocytes, that affects the skin in above 95% of cases. Unlike other tumors, it is encountered in younger age and can metastasize in early stages of the disease. This tumor is with highest rate of morbidity increase - 5% of newly diagnosed oncological conditions in men and 6% in women. The surgical treatment includes biopsy of the primary lesion, sentinel biopsy of regional lymph nodes with possible following lymph disection, wide radical excision of the primary site and surgical removal of distant methastases in the advanced stages of the disease

Keywords: Malignant melanoma of the skin; Contemporary surgical treatment; Sentinel lymph biopsy

Introduction

The malignant melanoma (MM) is a fairly rare, but very malignant tumor, originating from the epidermal melanocytes. Its highest incidence is in the caucasian population of Australia and New Zealand, where the morbidity is above 40/100 000 people per year. In the USA its 10/100000, in Western Europe's women it's 12/100 000, while for men it's 7/100000. For Bulgaria the morbidity is 3.0-3.5/100 000. Unlike other tumors, it affects younger age and can metastasize in early stages of the disease. MM is the tumor with highest rate of morbidity increase - 5% of newly diagnosed oncological conditions in men and 6% in women [1,2].

Contemporary surgical treatment of MM of the skin, including sentinel biopsy of regional lymph nodes, is very important and is a main part of the complex treatment, generally defining the outcome of the disease. The main components of the complex treatment are:

a) biopsy of the primary lesion (incisional or excisional)

b) pathological examination of the biopsy material with description of the thickness of the tumor based on Breslow and the invasion depth, based on Clark

c) radical reexcision of the tumor bed

d) performing sentinel biopsy of the regional lymph nodes if indicated

e) lymph disection of regional lymph nodes if indicated

f) histopathological serial immunohistochemical analysis of sentinel lymph nodes and/or usual one for the rest of the lymph nodes [3-5]

g) staging the disease with the TNM classification

h) undertaking adjuvant non-surgical treatment, if needed

i) observation

j) Exposition

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Research Article

Detection of sentinel lymph nodes in patients with endometrial cancer using patent blue injection in the uterine cervix-a study of 58 cases

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Abstract: Endometrial cancer is the second most common malignancy in women after breast cancer. The staging of the disease is solely surgical so the information concerning the lymph node status is crucial for the postoperative treatment and prognosis.
Aim. The aim of the study was to determine the feasibility of sentinel lymph node detection in patients with endometrial cancer stage I, via injecting patent blue in the uterine cervix.
Materials and methods. The study includes 58 patients with endometrial cancer. The technique includes 4 ml of blue dye administered intracervical at two sites-3 and 9 o'clock. After 20 min sentinel lymph nodes were detected.
Results. Lymph nodes were detected in 52 patients and in only 6 patients the method was unsuccessful thus leaving the detection rate at 89.65 %
Conclusion. This method for detection of sentinel lymph nodes in patients with endometrial cancer is promising, fast and easy to implement, but additional studies must be done for it to become part of the standard for surgical treatment of endometrial cancer.

Key words: endometrial cancer, sentinel lymph node, patent blue.

INTRODUCTION:

Endometrial cancer is the second most common malignant disease in women after breast cancer. It is usually diagnosed in women between the ages of 60-65 but in one third of all cases patients are younger. The staging of this neoplasm is surgical and the radical removal of the pelvic lymph nodes is crucial because of this. The status of regional lymph nodes is the most important prognostic factor for patients with endometrial cancer and it determines the need of postoperative treatment.1

According to the FIGO stage I the risk of LNM occurrence is 10-12% and the risk for para-aortic LNM is 4-6%.2 The LN dissection could be either selective or total- for example selective LN dissection is performed in Europe, whereas in the USA the method of choice is total LN dissection. Because of this the idea of sentinel LN biopsy is so convenient. The first report about SLN detection was done by Burke et al in 1996. 3

AIM: The aim of the study was to determine the feasibility of sentinel lymph node detection in patients with endometrial cancer stage I, via injecting patent blue in the uterine cervix.

MATERIALS AND METHODS:

58 patients were included in this study for the period September 2014-august 2016 (23 months). Criteria for inclusion were stage I endometrial cancer and informed concern of the patients. Criteria for exclusion were medical history for allergies (patent blue V could lead to various allergic reactions), previous surgery that could change the uterine lymphatic drainage and patient refusal. After the induction of anesthesia the color agent was injected intracervical with 25 gauge spinal needle at 3 and 9 o'clock positions (2 ml per injection). The SLN are detected after 20 minutes and total LN dissection is performed by an open (28 cases) or robotic (30 cases) approach. We inspected the pelvic and paraaortal regions for colored LNs and lymph channels. Dissection of all blue colored LNs and LNs connected to blue colored lymph channels was made. We recorded the position of all SLNs to the major pelvic vessels. We did not find any SLNs in the para-aortic region. Total hysterectomy with different type of LN dissection was performed on all patients. The risk of LN metastasis is determined from the preoperative clinical data and the intraoperative findings. According to this system either total or selective LN dissection was done.

RESULTS

58 patients with endometrial cancer stage I were treated in our clinic. 28 patients were treated by open approach with success rate 100%. 30 patients were treated by robotic approach, 6 of which were unsuccessful (success rate 80%). Demographic

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Case Report

A SCITECHNOL JOURNAL

Lymphoepithelioma-Like Carcinoma of the Uterine Cervix - Reporting Three Rare Clinical Cases with Lymph Node Metastasis

Angel Danchev Yordanov[1], Borislava Ivova Dimitrova[1], Milena Dimitrova Karcheva[2] Polina Petkova Vasileva[3] and Stanislav Hristov Slavchev[4]

Abstract

Objective: Lymphoepithelioma-like carcinoma of the uterine cervix is a rare subtype of squamous cell carcinoma (SSC) and it is more common in Asia-5.5%, than in Europe-0.7%. It is considered that LELC is associated with Epstein-Barr virus (EBV) infection in Asian and with Human papilloma virus (HPV) or no infection in Caucasian patients. Compared to the common cervical cancer LELC affects younger women, its outcome is better and it has to be with a lower frequency of regional lymph node metastasis and recurrence.

Case report: We present three cases of LELC with lymph node metastasis and a follow- up of the patients. The diagnosis was confirmed histologically. All three cases have been examined Immunohistochemically for assessment of the viral status for both EBV and HPV. Two of them died from the cervical cancer and one is still alive without evidence of recurrence. The results of the immunohistochemical study showed that two of them were negative for both viruses and one was positive only for EBV.

Conclusion: Our data shows that the immunohistochemical results for the viral status cannot be used as a predictive factor as opposed to the lymph node status and lymphovascular space invasion (LVSI).

Keywords

Lymphoepithelioma-like cervical carcinoma; Lymph node metastasis; Prognosis; Virus status

Introduction

Lymphoepithelioma-like carcinoma (LELC)-was firstly described as a neoplasm of the nasopharynx, tonsils, stomach, lungs, salivary glands and the thymus [1-4]. It was firstly reported in the uterine cervix by Hamazaki [5]. It has been proposed that cervical LELC may be related to Epstein-Barr virus (EBV) infection, since it occurs in LELC arising at other locations [6]. This is a rare tumor with small incidence-5,5% in Asians and even less-0,7% in Caucasians. It affects mostly younger women and it is suggested to be associated by EBV in the Asian population and with Human papilloma virus (HPV) or no infection in Caucasian patients. The LELC has better prognosis than the common cervical cancer such as squamous cell carcinoma and adenocarcinoma [7].

Case Report

We present three cases of women, diagnosed with lymphoepithelioma-like carcinoma. The diagnosis was confirmed histologically. They were operated in the Clinic of Gynecologic Oncology, University Hospital "Dr. G. Stranski"-Pleven, Bulgaria for a period of 9 years (2007-2016). The patients have been examined routinely-histologically and immunohistochemically - for assessment of the viral status, with monoclonal antibodies against EBV/HPV by DAKO protocol. We used Mo a Hu Papillomavirus (HPV), Clone K1H8 and FLEX Monoclonal Mo a Epstein-Barr Virus, LMP, Clone CS.1-4.

Case 1: A 67 year old woman, gravida 3, para 2 was admitted in the Clinic of Gynecologic Oncology because of postmenopausal bleeding that had started several weeks ago. Because of this she had went to gynecologist, who performed a biopsy of the uterine cervix. The result from the biopsy was squamous epithelium with atypical zones and plenty of atypical mitoses. There were parts that contained necrosis.

The general physical examination was normal. She was in good general health, with no other diseases, except diabetes type II, which was well maintained. She had never undergone any kind of surgical procedure up to this point. On pelvic examination the cervix had an exophyte lesion 0.5/0.5 sm, which was located close to the cervical canal. The upper part of the cervix was bulky and harder than the rest. All other pelvic organs were without pathology.

Radical hysterectomy with bilateral adnexectomy and total pelvic lymph node dissection was performed. The final pathological result was: LELC with Lymphovascular space invasion (LVSI). The total number of lymph nodes was 31, with 2 micro metastasis on the right hemipelvis- one from the obturator group nodes and the other from internal iliac lymph nodes. The rest of the surgical specimen and the regional lymph nodes showed no evidence of malignancy. The patient was staged according to the TNM grading system- T1b1pN1M0. Immunohistochemistry did not detect any viral presence. The patient was treated with post-operative TGT (50 Gy). She died from the disease 6 months after the diagnosis.

Case 2: A 47 year old woman, gravid 2, para 2 had postcoital genital bleeding. A biopsy of the uterine cervix was taken- small cell squamous carcinoma of the uterine cervix. She was then admitted to the Clinic of Gynecologic Oncology. Her general condition was normal, she had no other diseases. The pelvic examination showed enlarged uterus in AVF position-m.l. IV and presence of an exophyte lesion 5/5sm, protruding from the cervix. The other pelvic organs were normal.

Radical hysterectomy with bilateral adnexectomy and total pelvic lymph node dissection was performed. Hystopathological results showed LELC of the uterine cervix with ulcerations. One of the iliac lymph nodes from the right hemipelvis had diffuse metastasis. The rest of the surgical specimen showed no evidence of malignancy. The result from the peritoneal cytology showed typical mesotel cells with degenerative changes. The staging is pT1b2pN1Mo. Her viral status was negative from the immunohistochemistry. The patient was

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Research Article

Preliminary results from research on the factors affecting the success of intrauterine insemination procedures

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SUMMARY: The best-developed and most commonly used method these days with sterile couples is intrauterine insemination. The review and analysis of materials in this field and our data lead to the conclusions that the methods are most successful with young patients, with low BMI, on a stimulated cycle, with slight male factor and when a soft catheter is used. The purpose of this research is to find in what way the various factors affect the success of asisted reproductiv tehnic (ART) procedure intrauterin insemination (IUI). Retrospective research was conducted of couples with primary and secondary infertility that underwent a treatment course and intrauterine insemination at Medical Center for Reproductive Health Dr Shterev Ruse in the period 2012-2015. Their total number was 162 cycles for a 4-year period from March 2012 to December 2015. Out of them 141 cycles were autologous and 21 were with sperm from donors. Our average pregnancy percentage was 10.49 % for the whole group of all couples. The group up to 30 years old was with the highest percentage – 33.33%, followed by the group 31-35 years of age - 21.74 %. For the group 36 up to 40 years of age the success was 7,70 %. With the couples over 41 years old there were no pregnant women. Our conclusion is that couples who are young up to 30 years of age and with a slight male factor that don't have comorbidities have the highest chance of getting pregnant. With the couples that underwent re-insemination on the next day the success was higher. Factors such as body mass index (BMI) , type of catheter and volume of material for application are not significant to increase the success percentage.

Keywords: asisted reproductiv tehnics, intrauterin insemination, success factors

Introduction

With the development of science, the discovery of new techniques for sperm processing and increase of the procedure success various types of insemination are applied, differing mainly in the approach in what way to administer the semen: intravaginal, intracervical, intrauterine and intrafallopian insemination. The essence of the procedure is in the application of preliminary processed husband or donor's sperm directly in the woman's uterus. The method is non-invasive and significantly cheaper than the various modifications of the in vitro fertilization(IVF). A condition for intrauterin insemination (IUI) is to have at least one open fallopian tube. On the day when the ovulation is expected, the husband provides material (semen), which is processed in a laboratory. The factors are of different nature as the most common are as follows: The woman's age is probably the most researched and discussed factor, which we and (1) monitor. This is due mainly to the egg cell quality, which after 30 years of age drastically decreases. Even if there is ovulation, the probability to have a suitable egg cell after 30-35 years of age decreases greatly. The male factor, according to most of the authors, is the next of importance, which we find. According to (2) in the research of 720 couples, the success is 9 % that increases to 11 % and 14 % after the application of two methods of selection of couples with better chance. The use of different types of catheters influenced the results even though in a small degree. In our research the use of a soft catheter resulted in 10.67% compared to a rigid catheter respectively 6.45%. According to (3) using catheter Wallace with included 180 women for 372 cycles the percentage of pregnancy is 16,4% and with catheter Tomcat with included 184 women for 375 cycles 18,1% are positive. This difference is not statistically significant ($p = 0.61$), and our higher percentage we explain with the small group compared to the quoted authors. The women and men body mass index (BMI) is also researched but its effect is relatively weak having impact on the percentage of pregnant women as our results are about 25 % with men and women. In a research of (4) from 260 (IUI) the percentage of pregnancy is 19.6% as it's not influenced by the BMI as we saw it. In a comparison between natural and stimulated cycles was observed significant increase of the pregnancy percentage. The stimulated cycle compared to the spontaneous one according to (5) also increases the % of multiple pregnancy. Authors such as (6) also inform that the induction of ovulation with

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JOJ Case Stud

Synchronous Primary Cervical Cancer and Follicular Lymphoma- A Case Report

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Abstract

Double synchronous primary cancers of gynecological cancers are a relatively common event. However, synchronous primary genital and extraginital cancers are a rare event. We report a case with synchronous primary cervical cancer and non-hodgin lymphoma-follicular lymphoma. Recently, a 43-year-old women presented with abnormal uterine bleeding was found to have a T1bpN1Mx cervical cancer and a inguinal lymphomegaly presentation of follicular lymphoma. We present this case with a brief review of references.

Keywords: Cervical cancer; Non-Hodgkin lymphoma; Follicular lymphoma; Synchronous cancer

Abbreviations: NHL: Non-Hodgin Lymphoma; D&C: Dilatation and Curettage; RHT: Radical Hysterectomy; CD: Cluster of Differentiation; Tly: T-Lymphocyte; FDC: Folicullar Dendritic Cell

Introduction

Cervical cancer is the sixth most common cancer in Europe for females, and the 16th most common cancer overall, with around 58,400 new cases diagnosed in 2012 (4% of female cases and 2% of the total) [1]. Non-Hodgkinlymphoma (NHL) is the 11th most common cancer in Europe, with around 93,500 new cases diagnosed in 2012 (3% of the total) [1]. Double synchronous primary cancers of gynecological cancers is a relatively common event. However, synchronous primary cervical cancer and NHL – follicular lymphoma is a rare event.

Case Reports

A 43-year-old Caucasian female, para 2-0-0-2, with negative personal or family history of neoplasm was admitted to the Clinic of Gynecologic Oncology, University hospital "Dr. GeorgiStranski", Pleven, Bulgaria, with history of abnormal uterine bleeding and dyspareunia for 2 months. Other past history and family history were unremarkable.

Gynecological examination was normal for her age. Her physical examination revealed blood pressure 120/80mmHg, pulse rate 68/min, respiratory rate 16/min. In left inguinal region an 80/40mm unpainful, mobile, pitting mass was palpated. The outer skin was intact.

Dilatation and curettage (D&C) was performed, resulting in histological data for a non-keratizing squamous cell carcinoma. Due to clinical data for an early stage of the disease a decision forradical hysterectomy (RHT) with adnexectomy and total pelvic lymphectomy was taken, which was performed a month later. The histopathology showed keratizing squamous cell carcinoma G1 of the cervix and 1 metastatic lymph node from 20 examined. The tumor was classified as pT1bpN1Mx.

The patient was referred to Department of Surgical Oncology, University hospital "Dr. GeorgiStranski", Pleven, Bulgaria, for an inguinal lymph nodeexcison (Figure 1). The histopathology revealed lymph nodes with follicular architecture-large uniform follicles without germinal centers and polarization composed of centrocytes and single centroblasts. On immuno histochemical investigation, neoplastic follicles were CD20(+); CD10(+); Bcl2(+);Bcl6(+);Ki67 5-7%; CD3(+) in TLy and CD23(+) in FDC; - Follicular lymphoma G1. A cervical, thoracic, abdominal and pelvic contrast-enhanced CT scan was performed which showed

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The virus etiology of warty carcinoma of the uterine cervix

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Abstract: Warty carcinoma is a rare form of squamous cell carcinoma of the uterine cervix and has better prognosis than the high-differentiated squamous cell carcinoma. It is suggested that human papilloma virus (HPV) is causing this type of cancer. Our results show that not all patients have presents of HPV and probably not only this virus is responsible for this type of cervical cancer.

keyword: cervical cancer, warty carcinoma, human papilpma virus

Introduction:

Warty carcinoma is a rare variant of the malignant diseases that affect the uterine cervix (1, 2). The most common location of this tumor is in the anal and genital area- vulva, vagina and uterine cervix, anus and penis. (3) As a clinical behavior, it stands between the varicose and the low grade squamous cell carcinoma. Warty carcinoma consists of invasive tumor cells, amid which there are condyloma cells.

Aim: Our aim is to find out if HPV is the only viral etiology in the pathogenesis of warty carcinoma.

Materials and methods: There are 775 women with carcinoma of the uterine cervix, who were operated in the Clinic of Oncologic Gynecology, UMHAT "Doctor Georgi Stranski"-Pleven for a period of eight years (2007-2015). Warty carcinoma is the histologic variant in fifteen of the cases. We used immunohistochemically analysis with the antibodies Mo a Hu Papillomavirus (HPV), Clone K1H8 and FLEX Monoclonal Mo a Epstein-Barr Virus, LMP, Clone CS.1-4, RTU to see if there are traces of HPV. The tested typing included staining for two viruses- HPV and EBV.

Results: The retrospective analysis of the fifteen cases show that all patients are alive until the moment of this publication, (4-93 months survival mean 48.5 months), which resonates with the better prognosis, described in the latest research on the topic.

The conventional immunohistochemically stain proves viral presence (HPV/EBV) in five cases, but generally the staining intensity and distribution were very weak and limited. Immunohistochemistry proves the presence of HPV in only two cases (13.3%). This viral expression is lesser than the results of Nam Hoon Cho et al. (4) who prove HPV in 55.6% by conventional immunohistochemistry. The HPV signals were absolutely detected within the nuclei of the uppermost layer and occasionally within those of koilocytes in the intermediate layer, but not within the basal level. Surprisingly, the presence of EBV was detected in another three samples (20%). The stains were positive in the cell's cytoplasm. The remaining 10 samples did not show the presence of either HPV or EBV. The viral positivity was only partial- 20-30% (mean 25%). Importantly, the viral positivity of the latest sample from less than a year before the immunohistochemistry was 60% positive.

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ЗАТРУДНЕНИЯ В ДИСЕКЦИЯТА НА ПИКОЧНИЯ МЕХУР ПРИ ТОТАЛНА ЛАПАРОСКОПСКА ХИСТЕРЕКТОМИЯ

Танчев Л. , Г. Горчев, С. Томов, Т. Димитров, Ч. Цветков, Н. Хинкова, Н. Янев, А. Йорданов, Д. Стратева, В. Кирилова, П. Добрев

Клиника по Онкогинекология, Медицински Университет – Плевен.

Резюме: *Дисекцията на пикочния мехур е критичен етап при извършването на лапароскопската хистеректомия.*

Предшестващи оперативни интервенции като цезарово сечение, конизация на маточната шийка, наличие на цервикални или истмични миомни възли, както и недостатъци на оперативната техника могат да затруднят допълнително отпрепарирането на пикочния мехур.

Оптималното извършване на лапароскопската хистеректомия е функция на спазването на някои основни принципи: познания върху анатомията на малкия таз и топографските взаимоотношения между тазовите органи; отчитане на наличните рискови фактори; интраоперативен скрининг за настъпили усложнения и ранното им овладяване.

DIFFICULTIES IN DISSECTION OF URINARY BLADDER IN TOTAL LAPAROSCOPIC HYSTERECTOMY

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Abstract: *The dissection of urinary bladder is a crucial phase of the laparoscopic operation of hysterectomy. The latter dissection may become even more difficult in the*

ЛАПАРОСКОПСКИ УСЛОЖНЕНИЯ В ГИНЕКОЛОГИЯТА

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Резюме. *Въпреки все по-широкото използване на лапароскопията в гинекологията, нейните усложнения не трябва да се подценяват и пациентите трябва адекватно да се информират за рисковете от така наречената мини инвазивна хирургия.*

LAPAROSCOPIC COMPLICATIONS OF GYNECOLOGIC SURGERY

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Abstract. *Despite the growth of laparoscopic surgery, its complications must not be underestimated and patients must be informed of the risks of so-called ‚minimally' invasive surgery.*

Лапароскопските операции не винаги протичат според очакванията. Както при всички останали интервенции, въпреки положените усилия, е възможно да настъпят усложнения. Някои от тях са незначителни и имат минимален ефект върху краткосрочния или дългосрочния хирургичен резултат. Други са с по-тежки последствия и противоречат на очакванията на пациента и лекуващия лекар. Много от усложненията, свързани с лапароскопската хирургия са известни, но малко от тях са адекватно описани. Прогнозирането им е трудно, поради бързото увеличение на различните видове лапароскопски интервенции, подобряването на техническото оборудване и увеличаването на броя на специалистите в тази област. Както и при стандартните хирургични интервенции, лапароскопските процедури могат да бъдат съпроводени от инфециозни, травматични или хеморагични усложнения, но има усложнения, които са уникални за тях.

Съобщените малки и големи усложнения при гинекологичните лапароскопии варират в границите съответно на 1%-4% и 0,3%-2,8% [1-5]. Фактът, че тези данни са извлечени от по-леки оперативни процедури може да доведе до риск от подценяване на усложненията при големите интервенции. Доказателство за това са появилите се съобщения за усложнения при ектопична бременност, адхезиолиза и лапароскопски-асистирана вагинална хистеректомия (laparoscopically-assisted vaginal hysterectomy - LAVH), възлизащи съответно на 13%, 55% и 60% [6].

Освен усложненията, характерни за класическата хирургия, при лапароскопската хирургия могат да възникнат и такива, свързани с поставянето на иглата на Veress, троакарите, положението на пациента по време на операцията, специфичния инструментариум. Независимо от причините за възникването им усложненията могат да се класифицират по следния начин:

1. Усложнения от страна на анестезията.
2. Екстраперитонеално попадане на използвания за създаване на пневмоперитонеум газ.
3. Усложнения, свързани с използването на електрическата енергия.
4. Хеморагични усложнения.
5. Гастроинтестинални наранявания.
6. Урологични наранявания.
7. Неврологични наранявания.
8. Дехисценция на оперативната рана и постоперативна херния.
9. Инфекциозни усложнения.

В литературата липсва единна класификация на лапароскопските усложнения. Това се дължи на различния обем оперативни интервенции, извършвани в различните клиники. Gomel предлага следната класификация [7]:

1. Нараняване на кръвоносни съдове:
- кръвоносни съдове на предна коремна стена
- интраабдоминални кръвоносни съдове

2.Нараняване на коремни структури (при инсерция на иглата на Veress, поставяне на троакарите, електрокоагулация).

3. Париетален/оментум емфизем.

4. Ефекти дължащи се на повишеното налягане на CO2:

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ЛЕЙОМИОСАРКОМ НА ВЛАГАЛИЩЕ – ПРЕДСТАВЯНЕ НА ЕДИН СЛУЧАЙ С КРАТЪК ЛИТЕРАТУРЕН ОБЗОР

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Резюме

Лейомиосаркома на влагалището е изключително рядко състояние и поради тази причина няма стандартна схема на лечение. Представяме случай на 35 годишна пациентка с такова заболяване, на която бе извършена радикална хирургическа интервенция и не е провеждала следоперативна терапия. Шест месеца след това няма данни за метастазиране и рецидив на основното заболяване.

Ключови думи: *лейомиосаркома, влагалище*

LEIOMYOSARCOMA OF THE VAGINA: A CASE REPORT AND REVIEW FROM THE LITERATURE

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ПЪРВИЧЕН НЕХОЧКИНОВ ЛИМФОМ (НХЛ) НА ВЛАГАЛИЩЕ – ПРЕДСТАВЯНЕ НА СЛУЧАЙ С ЛИТЕРАТУРЕН ОБЗОР

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Резюме:
Първичните нехочкинови лимфоми ангажиращи женската полова система са изключително редки, особенно тези на влагалището. Представяме случай на 71 годишна пациентка с първичен НХЛ, на която след поставяне на диагнозата се проведе стандартно за заболяването химиотерапия и 2 години по-късно няма данни за рецидивиране и метастазиране на основния процес.
Ключови думи: *Първичен нехочкинов лимфом, влагалище*

PRIMARY VAGINAL NON-HODGKIN LYMPHOMA – A CASE REPORT AND REVIEW FROM THE LITERATURE

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Abstract
Primary vaginal non-Hodgkin lymphoma is really uncommon disease. We describe a 71 year old woman with primary vaginal non-Hodgkin lymphoma to whom was made a standart chimiotherapy after diagnosis. Tumor recurrence was not detected for the last 2 years.

Въведение:
НХЛ са отделна група злокачествени кръвни заболявания с не съвсем ясна етиология. Роля за възникването им имат епизодично или персистиращо имуносупресивно състояние, нарушения на нормалната клетъчна пролиферация, хронична антигенна стимулация водеща до автоимунно състояние: вирусна инфекция; алергичен или възпалителен агент. За да може да се приеме, че НХЛ първично засяга женската полова система, той трябва да отговаря на следните условия: открива се в един или повече органи само в женският генитален тракт, в периферната кръв и в костния мозък не се откриват атипични клетки и за период от 6 месеца след поставяне на диагнозата не се установява локализиране в други органи (1).

Клиничен случай
Касае се за 71 г. пациентка, в менопауза от 20 години. Придружаващи заболявания са артериална хипертония и емфизем. Не е оперирана до този момент и има две раждания.

Оплакванията при потъване в нашата клиника бяха генитално кървене от 10 дни и лекостепенна редукция на тегло през последните няколко месеца.

При гинекологичния преглед се установи ВПО на раждала, влагалище - няколко полипозни лезии по предна, латерални и задна стена на влагалище с размери от 1/1 до1/2 см,(фиг. 1,2) ПВЦУ – цилиндрично, розово, ex utero – nichil, матка – АВФ, нормална форма и размери, аднекси - бо.

След стандартна предоперативна подготовка се извърши пробно абразио и се взе биопсия от влагалището с хистологичен резултат: cavum uteri –ендометриален полип с атрофични и кистозни промени,vagina - малигнен лимфом. Имунофенотипизирането с ИХХ се доказва,че се касае за дифузен клетъчен В-клетъчен лимфом с висока степен на малигненост, introitus vaginae-влагалищна стена ,съставен пигментен невус.

След получаване на хистологичния резултат пациентката бе насочена към клиника по хематология, където бе установено,че се касае за наистина първичен НХЛ на влагалище (след извършване на КАТ на цяло тяло и ревизия на хистологичните резултати) и се проведе стандартна за заболяването химиотерапия. Две години след това при контролен гинекологичен преглед нямаше данни за рецидивиране на основното заболяване.

Дискусия
Неходжкиновите лимфоми са хетерогенна група злокачествени заболявания на лимфната тъкан. Всяко заболяване произхожда от различна група

ЗА ПРАКТИКАТА

СЛБ ПРИ ЕНДОМЕТРИАЛЕН КАРЦИНОМ - МЕТОДИ

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Резюме.

Ендометриалният карцином е най-разпространената неоплазма сред жените след рака на млечната жлеза. Статусът на лимфните възли (ЛВ) е един от най-важните прогностични критерии и е с огромно значение за последващото лечение и преживяемостпри това заболяване. Ето защо се търсят методи, които да дават информация за тях без да повишават постоперативните усложнения. Такъв е сентинелната лимфна биопсия.

Ключови думи: *ендометриален карцином, сентинелна лимфна биопсия*

SENTINEL LYMPH NODE BIOPSY IN ENDOMETRIAL CANCER – METHODS

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Abstract. *Endometrial cancer is the most common gynaecological malignancy after brest cancer. The lymph node status is with great prognostic value and it is important for postoperative treatment and survival. That is why it is looking for methods giving information for the lymph node status and not increasing postoperative complications.*

Key words: *endometrial cancer, sentinel lymph node biopsy*

Ендометриалният карцином е най-разпространената неоплазма сред жените след рака на млечната жлеза. Засяга предимно групата между 60 и 65 години, но и той като повечето злокачествени новообразувания се диагностицира се по-често при по-млади пациенти. В последните години се наблюдава тенденция за повишаване честотата му – по данни на Националния Раков Регистър за 2010 година е 7.7%. Новозаболелите са 1222, а починалите са 258 .Голяма част от случаите се откриват в I стадий, когато заболяването е с добра прогноза.

Статусът на лимфните възли (ЛВ) е един от най-важните прогностични критерии при това заболяване и е с огромно значение за последващото лечение и преживяемост. Ето защо хирургичното стадиране задължително трябва да включва информация за него. Регионални за ендометриалния карцином за следните групи ЛВ – обтураторни, илиачни (външни, вътрешни и общи), кавални, аортални, параметрални и пресакрални. Съществуват три пътя за лимфно дрениране и съответно метастазиране на маточното тяло: през кръглите връзки към ингвиналните лимфни възли; през параметрални лигаменти към тазовите лимфни възли и през овариалния съдов сноп директно към парааорталните лимфни възли. Точно порад анатомичните особености на лимфосъбирателната система на маточното тяло се смята, че сентинелната лимфна биопсия (СЛБ) има своето място при оперативното третиране на ендометриалния карцином. Нейната ролята е да намери първия лимфен възел (ЛВ) по пътя на лимфния дренаж, който пръв ще се засегне от евентуално метастазиране. След хистопатологичното му изследване би трябвало да се получи акуратна информация за състоянието на лимфния басейн и да се вземе решение дали да се извърши или не систематична лимфна дисекция (ако сентинелния лимфен възел не е метастатичен, то и последващите няма да са, а ако той е то те може да са или да не са засегнати от туморния процес). Така биха се избегнали усложненията на излишните лимфни дисекции без да се губи информация за карциномното разпространение.

Съществуват два метода за детекция на СЛВ в зависимост от използвания маркиращ агент, които могат да се използват по отделно или комбинирано: инжектиране на оцветител - IsosulfanBlue, MethylenBlye (B) и инжектиране на радиоактивен колоид - Tc99m (R). За СЛВ в зависимост от използвания метод се смята всеки "горещ" – с отложен в него колоид или всеки оцветен в синьо. Някои автори включват и тези възли, които не са оцветени, но до тях води маркиран лимфен съд (възможно е възела да е блокиран от туморни клетки и за това да остава

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СЛБ ПРИ ЕНДОМЕТРИАЛЕН КАРЦИНОМ - МЯСТОТО Ѝ В СЪВРЕМЕННОТО ОПЕРАТИВНО ЛЕЧЕНИЕ

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Резюме.

След рака на млечна жлеза, ендометриалният карцином е най-честата неоплазма засягаща жените.Един от най-важните прогностични критерии на товазаболяване е състоянието на регионалните лимфни възли (ЛВ).Няма единно мнение нито за мястото, нито за обема на лимфната дисекция(ЛД) при I стадий. Сентинелната лимфна биопсия (СЛБ) търси мястото си в съвременното оперативно лечение на ендометриалния рак.

Ключови думи: *ендометриален карцином, сентинелна лимфна биопсия*

SENTINELLYMPHNODEBIOPSYINENDOMETRIALCANCER - A PART OF MODERN OPERATIVE TREATMENT

Abstract.

Afterbrestcancer the endometrial cancer is the most common gynaecological malignancy. Thelymphno destatusiswithgreatprognosticvalue. There is no agreement for the therapeutic valuae and the contents of the lymph node desectionin early stages. That is why the sentinel lymph node biopsy is a part of modern operative treatment of endometrial cancer.

Key words: *endometrial cancer, sentinel lymph node biopsy*

След рака на млечна жлеза, ендометриалният карцином е най-честата неоплазма засягаща жените. Честотата му расте ежегодно като долната възрастова граница непрекъснато пада. Един от най-важните прогностични критерии на това заболяване е състоянието на регионалните лимфни възли (ЛВ). Това има отношение както към последващата терапия, така също и към преживяемостта на пациента. Ето защо хирургичното стадиране задължително трябва да включва информация за лифния статус.

Поради анатомичните особености на лимфосъбирателната система на маточното тяло и факта, че лимфната дисекцияе с неясен терапевтичен ефект, то няма единно мнение нито за мястото, нито за обема ѝ при I стадий на ендометриалния карцином. Някои автори извършват хирургично стадиране за всички пациенти в I стадий на заболяването, а други приемат, че в този случай това е излишно. Между тези две крайности е мнението за осъществяване на дисекция само при високо рискови за екстарутеринно разпространение на заболяването пациенти (серозен или светлоклетъченхистологичен вариант, грейдинг - G3, дълбочина на миометрална инвазия над 50 %, ангажиране на истмуса). Съществуват дебати и за обема на дисекцията - от лимфна биопсия, през селективна до тотална такава. Не трябва да се забравя, че риска от тазово лимфно метастазиране при I стадий на ендометриалния карцином е само 10-12%, а общия риск за парааортално засягане е 4-6% (1).

Ако се извършва сентинелна лимфна биопсия

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СЕНТИНЕЛНА ЛИМФНА БИОПСИЯ ПРИ ЕНДОМЕТРИАЛЕН КАРЦИНОМ – НАШ ОПИТ

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Резюме

Цел. *Целта на проучването бе да се изследва възможността за детекция на сентинелени лимфни възли (СЛВ) при ендометриален карцином, използвайки метода на Altgassen et al.*

Пациенти и методи. *На 12 пациенти с ендометриален карцином бе инжектирано 4 мл метиленово синьо на 8 места субсерозно. След 10 мин бе извършена оценка на лимфния статус.*

Резултати. *Отчете се 91.6 % успеваемост като само при една пациентка не се визуализираха СЛВ, а при друга се намери СЛВ само едностранно. Не се отчетоха странични ефекти.*

Заключение.*Този метод за детекция на СЛВ е многообещаващ, бърз и лесен за изпълнение, но се налага извършването на допълнителни изследвания за да стане част от стандарта за оперативно лечение на ендометриалния карцином.*

Ключови думи: *ендометриален карцином, сентинелен лимфен възел*

SENTINEL LYMPH NODE BIOPSY IN ENDOMETRIAL CANCER - OUR EXPERIENCE

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Abstract

Purpose. *The objective of the study was to determine the feasibility of a method described for the first time by Altgassen et al. of labeling sentinel lymph nodes in patients with endometrial cancer using blue dye.*

Patients and methods. *4 ml of blue dye was administreted in 12 patients with endometrial cancer subserosaly at eigth sites. After 10 min sentinel lymph nodes were harvested.*

Results. *Detection rate was 91.6 %., In only one patient there was no detection of sentinel lymph node and in one patient the sentinel lymph node was marked only in one hemipelvis.*

Conclusions. *This method for detection of sentinel lymph nodes in patients with endometrial cancer is promising, fast and easy to implement, but need to conduct additional studies to become part of the standard for the surgical treatment of endometrial cancer*

Key words: *endometrial cancer, sentinel lymph node*

СЕНТИНЕЛНА ЛИМФНА ДИСЕКЦИЯ ПРИ РАК НА ВУЛВАТА - ПРЕДВАРИТЕЛНИ РЕЗУЛТАТИ

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Цел: *Целта на това проучване е да се оцени и проучи методиката за сентинелна лимфна дисекция при плоскоклетъчен карцином на вулвата в условията на индивидуализиран подход на лечение на заболяването.*

Материали и методи: *За периода януари 2000 - юли 2010 г., в Клиника по Онкогинекология, Онкологичен център, Медицински университет - гр. Плевен, бяха диагностицирани, лекувани и проследени 113 болни с плоскоклетъчен карцином на вулвата. Всички пациентки бяха подложени на първично хирургично лечение и бяха стадирани хирургично. Лимфна дисекция в ингвиналната област беше извършена на 77 (72,64%) от пациентките с инвазивен рак (ДСИ>1мм). На 7 болни беше извършена сентинелна лимфна дисекция, като преди оперативната интервенция подкожно се инфилтрира Patent Blue V на 4 места перитуморно. Впоследствие сентинелните лимфни възли се идентифицираха след кожен разрез успореден на lig. Inguinale, като същите се отстраняваха и се изпращаха за срочно хистологично изследване - gefrier. На всички пациентки след това бе извършена съответната ингвинална лимфна дисекция.*

Резултати и обсъждане: *При седемте пациентки бяха идентифицирани и изпратени за гефрир от един до три лимфни възли. Не бяха доказани метастатични лимфни възли от гефрира. Диаметъра на първичния тумор беше между 0,5 и 4 см. И 7-те пациентки не развиха рецидив на заболяването при проследяването им.*

Извод: *Сентинелната лимфна дисекция е сигурна методика при ранен вулварен рак, ако се спазват определени критерии за селектиране на пациентките. Тя дава възможност да бъде избегната ингвинофеморалната лимфна дисекция при определена група болни с рак на вулвата.*

SENTINEL LYMPH NODE DISSECTION: PRELIMINARY RESULTS IN VULVAR CANCER

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Aim. *The aim of the study was to investigate and assess sentinel lymph node dissection methods in squamous cell vulvar cancer in cases of individualized therapeutic approach.*

Materials and methods. *In the period January 2000-2010, 113 patients with squamous cell vulvar carcinoma were diagnosed, treated and followed up at the Clinic of Gynecologic Oncology of University Hospital - Pleven. All patients underwent primary surgical treatment and were surgically staged. Groin dissection was performed on 77 (72.64%) patients with invasive carcinoma (deep stromal invasion >1mm). Sentinel lymph node dissection was performed on seven patients after preoperative application of subcutaneous peritumor infiltration of Blue V in four places. The sentinel lymph nodes were identified following skin incision parallel to the inguinal ligaments. The nodes were dissected and sent for prompt frozen section histological evaluation. All patients underwent inguinal lymph node dissection as indicated by findings.*

Results and discussion. *In the seven patients, one to three lymph nodes were found and frozen sections were histologically analyzed. The analysis did not reveal metastases. Primary tumor diameters varied from 0.5 to 4 cm. During follow-up, no cancer recurrences were found in any of the seven patients.*

Conclusion: *Sentinel lymph node dissection is a reliable method in early vulvar cancer when certain criteria are applied in patient selection. The method allows avoiding inguinofemoral lymphadenectomy in a group of carefully selected patients with vulvar cancer.*

Keywords: vulvar cancer; dissection; sentinel lymph node

интраоперативно, както е при представения от нас случай. Поради неспецифичната симптоматика рискът от перфорация достига 80% [4,8]. Дори при настъпила перфорация рядко са налице рентгенови данни за пневмоперитонеум – само в 8% от случаите по данни на Khan et al. и Kumar et al, което още повече забавя поставянето на диагноза и хирургичната интервенция [5,7]. Понякога апендицитът при новороденото се явява усложнения на други, типични за неонаталния период състояния, като недоносеност, неонатална инфекция, ингвинална херния [1,4]. В представения от нас случай е налице ранен неонатален сепсис при недоносено дете. Започнатата веднага след раждането антибиотична терапия замъглява до голяма степен клиничната картина, в която водещи са периодично прераздуване на корема и неколкократно спиране на ентералното захранване поради лош хранителен толеранс симптоми, типични и за НЕК. Фудроянтно влошаване на състоянието наблюдаваме при настъпването на перфорация и перитонит. С успешната оперативна интервенция трудностите в ентералното захранване са преодолени и детето е изписано здраво. Според някои автори апендицитът в неонаталния период, особено при недоносени деца, може да се разглежда като локализирана изява на НЕК [9]. Saeki et al. докладват случай на неонатален апендицит с перфорация и перитонит, имитиращ чревна дупликация [8].

Заключение:

Въпреки изключително ниската си честота апендицитът в неонаталния период придружен или не с перфорация, трябва да се има предвид в диференциално диагностично отношение при настъпване на неясни коремни симптоми. Ранната диагноза и своевременната хирургична интервенция биха спомогнали за редуциране на потенциалните усложнения и подобряване на прогнозата.

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ВАГИНАЛНА ЛЕЙОМИОМА – ПРЕДСТАВЯНЕ НА КАЗУС И ЛИТЕРАТУРЕН ОБЗОР

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Резюме *Вагиналната лейомиома е рядко заболяване. Представяме случай на 47 годишен пациент диагностициран и лекуван в нашата клиника*

Ключови думи: *вагинална лейомиома*

VAGINAL LEIOMYOMA – A CASE REPORT AND REVIW OF THE LITERATURE

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Abstract. *Vaginal leiomyoma is rare condition. We present a case of 47 years old patient, diagnosed and treated in our clinic*

Key wards: *vaginal leiomyoma*

ВЛИЯНИЕ НА АНЕСТЕТИЦИТЕ ВЪРХУ ИМУННАТА СИСТЕМА ПРИ ПАЦИЕНТИ С ОНКОЛОГИЧНИ ЗАБОЛЯВАНИЯ

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Резюме: Една от основните задачи на анестезията и да защити организма от хирургичната агресия, като по този начин в известна степен предупреждава за възникване на постоперативна имуносупресия. За това един от важните фактори водещи до нейното развитие се явява адекватнатността на анестезията.

Понижените имунни сили в следоперативния период са обусловени от комплексното въздействие на пред- и следоперативният стрес, тъканната травма, кръвозагубата, влиянието на медикаментите използвани за премедикация и обща анестезия.

За съжаление, механизмите за развитие на имунните нарушения в хода на хирургичната намеса под действие на анестетиците не са проучени достатъчно добре, което повдига редица въпроси за действието им върху имунната система, което е от изключително значение, особено при болните с онкологични заболявания.

Ключови думи: ***имунна система, анестетици, онкология.***

Abstract: One of the main purposes of anaesthesia is protecting the human body from the surgical aggression. In this way it warns about the chance of postoperative immune supression. Therefore one of the most important factors leading to it is the adequacy of the anaesthesia.

The suppression of the immune system in the postoperative period is caused by the preoperative and postoperative stress, the tissue trauma, blood loss, the drugs that are used for premedication and anaesthesia.

Unfortunately the mechanisms that cause the immune suppression under the effect of anaesthetics are not studied well enough. This raises a lot of questions about their effect on the immune system. This is very important issue, especially in the field of oncology.

Key words: ***immune system, anaesthetics, oncology***

Въведение:

Ракът започва да изпреварва сърдечно-съдовите заболявания като основна причина за смърт в развитите страни. По-голяма част от пациентите изискват извършването на анестезия за отстраняване на тумора или лечението на нежеланите последици от злокачественият процес.(1)

Анестезиологът е изправен пред трудната задача при осъществяването й, поради честите физиологични разстройства в повечето органи и системи на тези пациенти.

Задълбочената предоперативна оценка, оптимизацията на физиологичната среда, адекватният интраоперативен мониторинг, както и очакването на потенциални усложнения и контрола на постоперативната болка са от съществено значение за намаляване на периоперативната смъртност и заболяваемост при тях.

От друга страна, токсичността на химиотерапевтичните средства и възможните лекарствени взаимодействия с избраните анестетици са от първостепенно значение. (2)

Неизбежно възниква въпросът, какво е влиянието на анестетиците и използваните анестезиологични техники върху организма на засегнатите от онкологични заболявания хора.

За да се разбере това, е необходимо да се знаят някои особености на имунната система при тези пациенти.

Известно е ,че имунната система предпазва организма не само от инфекции, но и от развитието на ракови заболявания.

В свое проучване Smith и кол. (2001г.) доказват, че имунната реакция контролира движението на туморните клетки и микрометастази, което се извършва главно чрез клетъчно-медиираният имунитет (CMI). Той включва цитотоксични Т-лимфоцити, NK-клетки, дендритни клетки и макрофаги. (3)

Редици медиатори на възпалението, като INF (интерферон), и по-специално INF-γ, интерлевкините, особено IL-12 и Th1 цитокини, увеличават цитотоксичната активност на Т- и NK-клетките, IL-4 и IL-10.

Th-2 цитокините участват в увеличаването на хуморалният имунитет и супресията на Th1-отговорът. Приема се, че Th2 състоянието играе отрицателна роля в онкологичният имунен отговор. (4)

В условията на стрес е налице увеличена β-адренергична стимулация. Това причинява потискане на NK-клетъчната активност, а това спомага за развитието на метастазите. (5), (6)

До подобни резултати достигат и Ben-Eliahu S. (1999г.) в експерименти върху плъхове с рак на гърдата. (6)

Ниските нива на периоперативната NK-активност е доказано свързана с по-високата честота на заболяваемост и смъртност. (8), (9)

Според Sooriakumaran (2005г.) ангиогенезата и образуването на нови капиляри от вече съществуващите кръвоносни съдове, е от съществено значение за растежа на раковите клетки и микрометастази. Това е сложен многоетапен процес, включващ

ИЗСЛЕДВАНЕ НА ЕКСПРЕСИЯТА НА S100A1 В НОРМАЛНИ ЯЙЧНИКОВИ ТЪКАНИ

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Резюме. *Групата на S100 протеините включва малки по размер (16–26 kDa), калций-свързващи протеини с кисела реакция, които не притежават ензимна активност. През последното десетилетие са публикувани данни доказващи повишена експресия на някои протеини от групата на S100, включително на S100A1, при редица тумори.*

Авторите на основните литературни източници, касаещи S100A1 и неговата роля като туморен маркер при овариалните карциноми, описват незначителна експресия на маркера в нетуморен яйчников паренхим. Последните обаче базират своите заключения на проучване на отделни микросрези от малък брой случаи. За да бъде използван като маркер за малигненост в клиничната практика, експресията на S100A1 в яйчниковите тъкани трябва да бъде детайлно проучена.

Целта на проучването е да се изследва имунохистохимично експресията на S100A1 протеина в морфологично непроменени яйчникови тъкани.

Обект на ретроспективно проучване са яйчникови тъкани от 40 случая. Извършено е имунохистохимично оцветяване с S100A1 съгласно стандартен протокол. Имунопозитивността е отчетена и интерпретирана в контекста на хистоморфологичната находка в изследваната яйчникова тъкан.

Експресията на S100A1 в бенигнени яйчникови тъкани се характеризират с постоянна имунопозитивност, в конкретни структури – нервни окончания, рете оварии, в клетките от гранулозния слой на фоликуларни кисти, гранулозо-лутеиновите клетки на жътите тела и кистите на жълтото тяло и в клетките от гранулозния слой на четвъртичните фоликули като имуноцветяването може да бъде цитоплазмено, ядрено и цитоплазмено/ядрено, като интензитетът му варира от слаб през умерен до интензивен. Епитела на инклузионните кисти е негативен за S100A1.

Имунохистохимично оцветяване за S100A1 при бенигнена яйчникова тъкан би имало значение като маркер за отличаване на фоликуларните от инклузионните кисти, като би било допълнителна алтернатива на до сега прилаганите маркери инхибин и калретинин. Наличието на имунохистихимична експресия на този маркер е характерно за редица нормални яйчникови структури, които биха обуславили много ниска специфичност на маркера като туморен.

Ключови думи: *S100A1; бенигнени яйчникови тъкани, различаване на инклузионни от фоликуларни кисти*

INVESTIGATION OF S100A1 EXPRESSION IN NORMAL OVARIAN TISSUES

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Abstract. *The S100 protein family includes low-molecular weight (16–26 kDa) calcium-binding proteins. During the last decade data demonstrating the increased S100A1 expression in several types of tumors was published.*

The authors of the basic studies, concerning the role of S100A1 expression in ovarian carcinomas emphasize the insignificant rate of S100A1 expression in normal ovarian tissues. So far the S100A1 expression in ovarian tissues is based on tissue microarrays in limited number of cases. In order to be useful as biomarker for malignancy, S100A1 expression should be unequivocally negative or low in normal ovarian tissues.

In order to ensure the application of S100A1 as biomarker for malignancy, a more detailed information on its' expression in normal ovarian structures is needed.

This study aimed to evaluate the expression of S100A1 using immunohistochemical method in morphologically normal ovarian.

ЛЕЧЕНИЕ НА МАЛИГНЕН МЕЛАНОМ НА КОЖАТА

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THE TREATMENT OF MALIGNANT MELANOMA OF THE SKIN

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Резюме. *Малигненият меланом (ММ) на кожата е рядък изключително злокачествен тумор, засягащ по-младата възраст, като при него темпът на покачване на заболяемостта е най-висок спрямо останалите злокачествени неоплазми – 5% от новодиагностицираните онкологични заболявания при мъжете и 6% при жените. Хирургичното му лечение включва биопсия на тумора, сентинелна биопсия на регионалните лимфни възли, радикална ексцизия на туморното ложе, евентуална последваща лимфна дисекция и оперативно отстраняване на далечните метастази.*

Ключови думи: *малигнен меланом на кожата, хирургично лечение, сентинелна биопсия*

Abstract. *Malignant melanoma (MM) of the skin is a rare and very malignant tumor, affecting younger age; its rate of incidence increase is highest compared to the other malignant neoplasms – 5% of all newly diagnosed oncological diseases in men and 6% in women. Its surgical treatment includes biopsy of the tumor, sentinel biopsy of the regional lymph nodes, radical excision of the tumor bed, possible following lymph dissection and surgical removal of distant metastases.*

Key words: *malignant melanoma of the skin, contemporary surgical treatment, sentinel lymph biopsy*

Въведение

Малигненият меланом (ММ) на кожата е рядък много злокачествен тумор, засягащ по-младата възраст, като темпът на покачване на заболяемостта при него е най-висок спрямо останалите злокачествени неоплазми – 5% от новодиагностицираните онкологични заболявания при мъжете и 6% при жените [1].

Съвременното му хирургично лечение включва биопсия на тумора, сентинелна биопсия на регионалните лимфни възли, радикална ексцизия на туморното ложе, евентуална последваща лимфна дисекция и оперативно отстраняване на далечните метастази.

Сентинелната биопсия на регионалния лимфен басейн е особено важна част от комплексното лечение, което определя до голяма степен и прогнозата на заболяването.

Биопсия на ММ с последващо патологоанатомично изследване

– Инцизионна биопсия – взема се само част от по-голяма туморна маса

– Ексцизионна биопсия – меланомът се отстранява заедно с 1 до 3 mm околна, видимо здрава кожа [2]. Не се пристъпва направо към радикална ексцизия на тумора, за да не се прекъсват лимфните пътища, директно дрениращи засегнатото място, което би опорочило последващата сентинелна биопсия на регионалните лимфни възли.

– Патологоанатомично изследване на ММ **–** дава се описание на дебелината на меланома по Breslow и на инвазията в дълбочина по Clark [3].

МОРФОЛОГИЧНО И ИМУНОХИСТОХИМИЧНО БАЗИРАНИ СКРИНИРАЩИ КРИТЕРИИ ЗА СЕЛЕКЦИЯ НА ПАЦИЕНТИ С ВЕРОЯТНИ МУТАЦИИ НА BRCA1 ГЕНА ПРИ ПЪРВИЧЕН КАРЦИНОМ НА ЯЙЧНИК

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Резюме и цел: *Карциномът на гърдата (КГ) и овариалният карцином (ОК) са едни от най-честите злокачествени заболявания, засягащи жените. В етиологията и на двата карцинома участват фактори на средата и генетични изменения. Сред основните гени, определящи предиспозиция за КГ и ОК, най-чести са BRCA1 (BReast CAncer 1) и BRCA 2 (BReast CAncer 2). Случаите на КГ или ОК, при които се открива герминативна мутация в BRCA1/2 се определят като наследствени. Тъй като определянето на генетичните изменения в BRCA1/2 е скъпо изследване ние си поставихме за цел да селектираме, на базата на определени морфологични и имунохистохимични критерии, пациентки с доказан карцином на яйчника, за генетично изследване на изменения в BRCA1.*

Материал и методи: *Обект на ретроспективен анализ бяха 29 случая със серозен папиларен ОК от архива на отделението по Клинична Патология на УМБАЛ „Д-р Г. Странски" Плевен. Извърши се морфологична оценка и последващо имунохистохимично изследване с антитела срещу p53, anti BRCA 1 и против пролиферативния маркер Ki-67*

Резултати: *От изследваните 29 серозни папиларни карциноми на яйчника 19 (65,52%) се установиха с данни за загуба на имунохистохимичната експресия за BRCA1 и подходящи за последващо генетично изследване за изменения в BRCA1.*

Заключение: Наборът от морфологични и имунохистохимични критерии позволява отсяване на жените, подлагани на генетично тестване, тъй като то е скъпо, а честотата на BRCA1 мутациите в общата популация е изключително ниска.

Ключови думи: *карцином на яйчник, скрининг, морфологични и имунохистохимични критерии, генетично тестване*

MORPHOLOGICALLY AND IMMUNOHISTOCHEMICALLY BASED SCREENING CRITERIA FOR SELECTION OF PATIENTS WITH POSSIBLE MUTATION OF BRCA1 GENE IN PRIMARY OVARIAN CANCER

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Summary and aim: *Breast cancer (BC) and Ovarian cancer (OC) are some of the most common cancers affecting women. Environmental factors and genetic alterations are involved in the etiology of both cancers. The main susceptibility genes that predisposed to BC and OC are BRCA1 (BReast CAncer 1) and BRCA 2 (BReast CAncer 2). Those of BC and OC which are due to germline mutation in BRCA1 / 2 are defined as hereditary. Because of the expensiveness of genetic testing for mutations in BRCA1 we aimed to select patients with ovarian cancer, suitable for genetic testing, on the base of certain morphological and*

НЕРВНО-ЕНДОКРИННИ И ХЕМОДИНАМИЧНИ ПРОМЕНИ В ХОДА НА ОБЩАТА АНЕСТЕЗИЯ ПРИ РОБОТИЗИРАНИ И КОНВЕНЦИОНАЛНИ ОНКОГИНЕКОЛОГИЧНИ ОПЕРАЦИИ

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Резюме:

Цел: Да се изследват нивата на „стрес" хормона кортизол, fT4 и CRP при пациентки подложени на отворени и роботизирани онкогинекологични операции, на които е извършена обща интубационна инхалационна анестезия.

Материал и методи:

Проспективно са изследвани 22 пациентки с диагноза Рак на маточната шийка и Рак на ендометриума, клас по ASA I-III, оперирани под обща инхалационна интубационна анестезия посредством два хирургични метода: роботизиран (11 пациентки) и конвеционален (отворен), (11 пациентки). В конвеционалната група се взе венозна кръв за изследване на CRP, fT_3 и кортизол след „влизането" в коремната кухина, а в роботизираната, след инсуфлацията на CO_2. Втората кръвна проба и в двете групи беше изследвана на същият ден в отделението по реанимация между 16-18ч.(по време на физиологичния пик в синтезата на кортизола).

Резултати:

Значима разлика между пред- и следоперативните стойности в изследваните групи пациентки се установява при кортизола и fT4, и в двете изследвани групи (роботизирана и конвенционална).

При кортизола се наблюдава значително повишение, докато при fT4 – спад. В следоперативният период значимо по-висока средна стойност по отношение на показателя CRP откриваме при пациентките от конвенционалната група.

Заключение:

Оперативният стрес е състояние, при което под действие на агресивните фактори на оперативната намеса, възникват редица полифункционални изменения в човешкият организъм. Сред агресивните фактори причиняващи оперативен стрес се отнасят: психоемоционалното предоперативно състояние на пациентите, основното и съпътстващите им заболявания, болката, кръвозагубата и хирургичната травма.

Предизвиканите нервно-ендокринни промени в резултат от действието на всички тези фактори, създават предпоставка за възникването на редица неблагоприятни усложнения както в интра-, така и в следоперативният период.

Ключови думи: ***кортизол, стрес, роботизирана хирургия***

Abstract:

Aim: To study the level of the stress-hormone cortisol, fT4 and CRP in patients, who underwent intubation with inhalation anaesthesia, followed by open or robotic surgery.

Materials and methods:

This is a prospective study, which follows 22 patients, who suffered from cervical carcinoma or endometrial carcinoma. They were ASA class I-III, they underwent intubation inhalation anaesthesia, followed by open surgery(11 patients) or robotic surgery(11 patients). We took venous blood sample for testing the levels of CRP, fT3 and cortisol. For the open surgery group the blood was taken after the opening of the abdomen, as for the robotic surgery- after the administration of CO2. The second blood sample was taken on the same day between 16 and 18 o'clock in the ICU for both groups (this is the time when the cortisol levels are the highest physiologically).

Results:

There was a significant difference in the preoperative and postoperative cortisol levels and fT4 in both groups(open surgery and robotic surgery).

The levels of cortisol were significantly higher, and the levels of fT4 were lower. The postoperative levels of CRP were higher in the patients who underwent open surgery.

Conclusion:

The operative stress is a condition, which is very aggressive and it provokes many changes in the human organism. Those aggressive factors are- the psycho-emotional preoperative condition of the patients, their other diseases, the pain, blood loss and the surgical trauma. All of the above trigger neuro- endocrine changes and are a precondition for intraoperative and postoperative complications.

Key words: ***cortisol, stress, robotic surgery.***

Увод – Оперативната травма води до редица хормонални и метаболитни промени. Това е част от системната реакция при нараняване, която обхваща широк спектър от ендокринни, имунологични и хематологични реакции.

В съвременната медицина все повече навлизат миниинвазивните хирургични техники, най-съвременната , от които е роботизирана хирургия, даваща редица предимства като:

1. Съкратен болничен престой
2. Минимална интраоперативна кръвозагуба
3. По-ниски дози на опиоидните аналгетици в ранният постоперативен период
4. Съкратен реанимационен престой
5. Атравматичност на оперативната интервенция
6. По-добро следоперативно качество на живот
7. Минимален риск за вътреболнични инфекции и супориране на оперативните рани.

Този вид хирургия обаче се съпровожда с прогресивно нарастване на нивото на кортизола, по време на инсуфлирането на CO2 (при роботизираните операции, вътрекоремното налягане е увеличено до 20 mmHg) в коремната кухина с цел създаването на пневмоперитонеум.

Този етап на оперативната интервенция се характеризира освен с екстремно повишаване на „стрес" хормона кортизол, но и със значителна промяна в нивата на TSH, fT3 и fT4. Наблюдават се следните негативни ефекти: понижен сърдечен дебит, увеличено периферно съдово съпротивление и средно артериално налягане, повишаване на диастолното, а в ранните етапи на операцията и на систолното артериално налягане, както и интраоперативна олигоурия. Със задълбочаването на общата ендотрахиална интубационна анестезия, хидростатичния ефект в позиция Тренделенбург при роботизираните операции е по- силно изразен в резултат на нарушените компесаторни механизми за регулиране на съдовия тонус. Всичко това зависи от «хормоналния стрес-отговор» по време на миниинвазивните оперативни техники. Тези странични ефекти са още по-силно изразени при пациенти с коморбилитет и пара-

ПРОУЧВАНЕ НА ЕКСПРЕСИЯТА НА ПРОТЕИНА S100A1 ПРИ ЯЙЧНИКОВ СЕРОЗЕН КАРЦИНОМ, ЯЙЧНИКОВ МУЦИНОЗЕН КАРЦИНОМ И ЕНДОМЕТРОИДЕН КАРЦИНОМ НА ЯЙЧНИКА

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Резюме. *По литературни данни около 60% от всички овариални злокачествени новообразув... притежават епителен фенотип, като последните са с водеща роля за леталитета от злокачестве... яйчникови тумори. Хистоморфологично епителните овариални тумори се подразделят на ос... хистологични подтипа, като в някои случаи хистологичното разграничаване между отделни... типове е затруднено. Данни от последните години сочат за наличието на отговор на адюван... лъчетерапия при болшинството неавансирали яйникови карциноми с изключение на серозни... карциноми. По аналогия на бъбречно-клетъчните карциноми, S100A1 би могъл да се използва ... разграничаване на отделните хистологични подтипове, в случаите на затруднена класифика... върху рутинно оцветени тъканни материали.*

Обект на ретроспективно проучване са 40 случая, оперирани през периода м. януари 2009 до... декември 2010, в клиниката по Онкогинекология към УМБАЛ „Д-р Г. Странски", град Плевен. Опреде... се процента на позитивност на туморните клетки за S100A1, като туморите се разделиха ... фокално позитивни (позитивност в определен процент от туморните клетки) и дифузно позитивни (позитивност във всички туморни клети).

Експресия на протеина S100A1 се установи при 31 (77.50%) от изследваните случаи. Пр... останалите 9 (22.50%) случаи не се установи експресия на протеина S100A1 от туморните клет... Разпределението на позитивността при отделните хистологични типове на овариален карцин... е представено на таблица 1. Позитивността за S100A1 при папиларните яйчникови карциноми с... наблюдава при 27/32 (84.38%), като останалите 5/32 (15 .62%) случаи са негативни за маркера. При... яйчниковите муцинозни карциноми делът на позитивните и негативните случаи е равен (по еди... негативен и един позитивен). Ендометроидните карциноми също са с по равен дял на негативни... и позитивните случаи 3/6 (50%) позитивни за S100A1 и 3 /6 (50%) негативни за S100A1.

Въпреки че към този момент S100A1 е маркер без особено приложение в клиничната практика... сравнително голямата честота и наличието на смесена (ядрена и цитоплазмена позитивност)... която той се експресира при серозните карциноми на яйчника, трябва да бъде по-подробно проучен...

Ключови думи: *овариални карциноми, S100A1, характеристика на имунопозитивността*

EVALUATION OF THE EXPRESSION OF S100A1 PROTEIN IN SEROUS, MUCINOUS AND ENDOMETROID OVARIAN CARCINOMA

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Abstract. *According to literature approximately 60% from all ovarian malignances express epithe... phenotype. According to their histomorphological characteristics, epithelial ovarian tumors are divided ... eight groups. In some particular cases, separate histological types are hard to distinguish one from another... Recent studies show the presence of beneficial effect of adjuvant radiotherapy on most of the early ovari... carcinomas (all, except serous carcinomas). In renal cell carcinomas S100A1 is used to distinguish betwe... different subtypes of the malignancy.*

Forty cases of ovarian carcinomas were analyzed in a retrospective study. Immunohistochemical evaluat... of the S100A1 protein expression was carried out on representative archival formalin –fixed -paraffin-embedd... tissue materials.

Positivity for S100A1 was observed in 31 (77.50%) of the studied cases. Twenty-seven out of thirty-... (84.38%) cases of serous ovarian carcinoma were found to express S100A1. S100A1 expression was obser...

ПЕКТОРАЛЕН БЛОК ЗА ПОСТАВЯНЕ НА ПОРТОВЕ ЗА ХИМИОТЕРАПИЯ

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1. Клиника по анестезиология и интензивно лечение УМБАЛ „Света Марина", Плевен 2. Клиника по анестезиология и интензивно лечение УМБАЛ „Георги Странски', Плевен 3. Клиника по анестезиология и интензивно лечение УМБАЛ "Сърце и мозък", Плевен 4. Клиника по Онкологична гинекология УМБАЛ „Георги Странски', Плевен

PECTORALIS (PECS) BLOCK FOR INSERTION OF CHEMOTHERAPY PORTS

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Абстракт:

Поради все по-честото поставяне на портове за химиотерапия, и нужда този вида манипулация , да се извършва в рамките на еднодневната хирургия, както и поради коморбидноста на голяма част от пациенти, се появи нужда от алтернатива на общата анестезия. Този вид техника трябва да предостави добро обезболяване интра и пост оперативно, също така да бъде икономически рентабителен, да позволи по-бързото дехоспитализиране, да има малко на брой усложния, да е лесен за изпълнение. Ние се спряхме на използването на пекторален нервен блок (PECS1 block)

Ключови думи: Пекторален блок, Ехографски навигиран, Порт за химиотерапия

Abstract

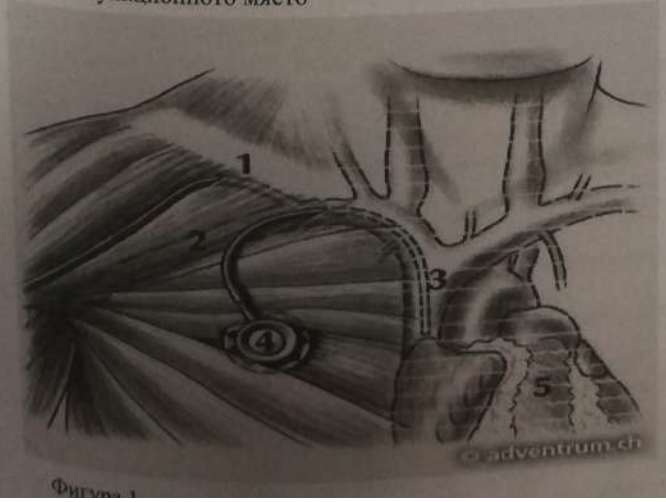
Due to the more often placement of chemotherapy ports and the need for this manipulation to be performed as a one-day surgery, and keeping in mind the comorbidities of a large portion of those patients, there was a need for an alternative of the general anesthesia. The alternative technique should provide adequate analgesia intra- and postoperatively, while being economically viable, with few complications, easy to perform and should allow for a faster hospital discharge. We decided to use the pectoralis nerve block (PECS1 block).

Key Words: Pectoralis (Pecs) block, Ultrasoun guided, chemotherapy ports(port-a-cath)

Увод: В съвременатa медицина, пекторалния нервен блок(PECS1 и PECS2 blok) намира все по широко приложение, за анестезия и аналегезия при различни по обем операция на на гърдите и гръдния кош. Неговите основни предимства са

- добра анестезиологична ефективност;
- сравнително лесен за извършване;
- икономически рентабилен;
- приложим в амбулаторната хирургия;
- алтернатива на общата анестезия;
- малко на брой и редки усложнения;

Цел: Да се представи ефективноста на интра и пост оперативното обезболяване на PECS 1 блок при поставянето на портове за химиотерапия (port a cath). При канюлиране по селдингер на вена субклавия и поставяне на порта върху фасцията на малкия пекторален мускул на нивото на трето ребро, и последваща тунелизация на кететъра от мястото на поставяне на порта до пункционното място



Фигура 1

Методи: Проспективно в УМБАЛ" Света Марина"- гр. Плевен бяха изследвани деветнадесет пациенти (13 жени и 6 мъже) с различни по вид малигнени заболявания, на които им предстои химиотерапия и след обсъждане на онкологичен комитет са предложени за поставяне на порт за химиотерапия (port-a-cat). На всички пациенти беше направен PECS1 блок за анестезия по време на операция и за постоперативно обезболяване. На нивото второ ребро под ехографски контрол, се визуализира фасцията между двата пекторални муслкула, където се инфилтрира 0.2мл/кг 0.375 процентен разтвор на Ропивакаин, през ехографски позитивна игла Pajunk sono tap. Наличието на блок, беше проверено чрез тест за топло и студено. Всички пациенти бяха седирани с Дормикум 0,2 – 0,3 мг/кг, разделен в два приема по равно, преди извършването на блока и непосредствено преди започването на операцията, и Калипсол 0,5-1 мг/кг , поставен непосредствено преди започването на операцията. Под ехографски контрол се канюлира вена субклавия под втората трета на субклавията. Направи се инцизия на кожата на нивото на трето ребро, където се постави резервоара на порта. Чрез подкожна тунелизация до пункционното място резевоара на порта се свърза с катетъра. Степента на седеция беше определена чрез Ramsay sedation scale. Болката беше определена чрез Visual analogue scale, която беше отчетена след започване на операцията, в края на операцията, и на 2-я и 6-я час след края на операцията. Всички пекторални блокове бяха осъществени от един и същ лекар.

Резултати: При 1 пациент не се получи желания блок, поради което се премина към обща анестезия. При всички осемнадесет пациенти се постигна степен на седация 3-4 по Ramsey score. Всички осемнадесет пациенти, определиха болката в началото и в края на операцията с резултати от 0 до 4 по VAS скалата по време на операцията и с резултати от 0 и 1 по VAS на втори и шестия час след операцията. Усложнения не се наблюдаваха