RESULTS OF SURGERY TREATMENT IN OVARIAL GERM CELL TUMORS MALINGE

TRẦN QUANG HƯNG TẠ VĂN TỜ

INTRODUCTION

- MGCTs is one part of ovarian cancers
- MGCTs are rare tumors, accounting for 2% to 3% of all ovarian cancers and develop usually in young women with 6 subtypes.
- Diagnosis exactly MGCTs befort surgery is difficult. Some tumors marker is specific for some MGCTs.
- Surery has main role in treatment MGCTs at stage I,II,III.

INTRODUCTION

- At advance stage, chemotherapy neoadjuvance for down stage and surery.
- There was many study for result of treatment MGCTs but not to talk about the value of tumors markers.
- In Việt Nam, some research for MGCTs, but
- In Vietnam, some research on MGCTs treatment, however, have not yet evaluated the role of tumor markers, which is why we conducted the study marking the value of tumor marker in MGCTs.

MATERIALS AND METHODS

1. MATERIALS

- Patients were diagnosed with MGCTs by pathology, follow-up records, with periodic follow-up.
- Sample selection is intentional, not probable

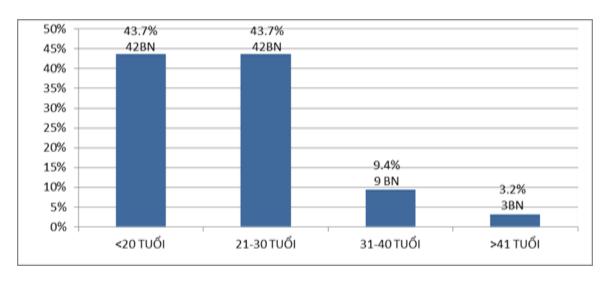
2. METHODS

- Clinical description of retrospective and prospective studies.

3. ANALYSIS:

By software SPSS 22.0

AGE



96 patients, the youngest is 10, the oldest is 51. The average age is 23.5 ± 8.2 , the age of disease is the most under 30 (87.4%).

C.Hai in Taiwan, the average age is 23 years old

Do T.P Chung: 80 patients with an average age of 23.2

Nguyen T.H Siang: 99 patients with an average age of 22 ± 7,87

The time from symptom on to hospitalization

TIME	The patient	Proportion (%)
< 2 month	39	40,6
2-4 month	45	46,8
4-6 month	9	9,4
> 6 month	3	3,2
Total	96	100

Most patients had the first symptoms until admission to the hospital about 4 months ago, accounting for 87.4% (84 patients).

Do Thi Phuong Chung also showed that most patients are admitted to the hospital within 3 months of the onset of symptoms

Functional Symptoms

Symptom	The first symptom		
	The patient	Proportion (%)	
Feeling tumors	89	92,7	
Lower abdominal pain	92	95,8	
Menstrual disorders	3	3,2	
Acute abdominal pain	7	7,3	

89 patients with autonomic fibrosis, accounting for 92.7%, had 7 patients (7.3%) had acute abdominal pain when hospitalized, this symptom was associated with a twisted tumor or tumor too big.

Symptoms of the entity

Symptoms	The patient	Proportion (%)
Abdominal examination see tumor	89	92,7
Location tumor Right iliac fossa	21	21,9
Left iliac fossa	45	46,9
Lower abdominal	30	31,2
Properties tumor Easy mobility	15	15,6
Mobile limited	60	62,5
Immobile	21	21,9
Vagina visit tumor	67	69,8
palpate rectal see tumor	91	94,8
Peripheral ganglion	2	2,1

Most patients with abdominal palsy may have palpitations of 89 BN (92.7%), and mobility tumors account for 78.1%.

Do T.P Chung: Abdominal pain is 47.4%, severe abdominal pain is 6.3%, ovarian tumors are more common than left, (67% compared to 18%).

Trần Chanh Thuan (27 patients) came mainly due to abdominal pain (70.3%)

Method surgery	The patient	Tỷ lệ %	
Radical surgery	36	37,5	
Surgery to preserve the ovaries	48	50	
Debulking surgery, leaving the lesion< 1cm	9	9,4	
Debulking surgery, leaving the lesion >1cm	3	3,1	
Total	96	100	

The majority of patients undergoing radical surgery and conservative surgery (84 patients, 87.5%), the number of patients undergoing maximal surgery was low (12 patients,%).

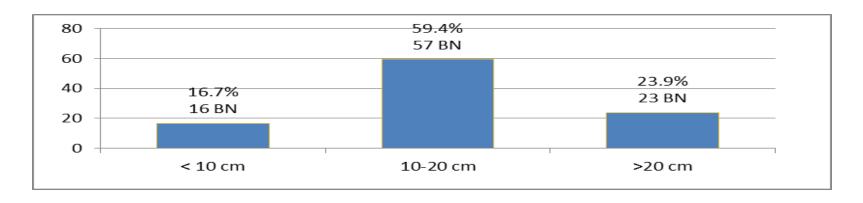
Stage in FIGO

Stage	The patient	Proportion (%)	
Stage I	45	46,9	
Stage II	15	15,6	
Stage III	24	25	
Stage IV	12	12,5	
Total	96	100	

Most patients in the early stage with 60 patients, accounting for 62.5%, 12.5% in the late stage (12.5%).

According to Jacob, about 60-70% of patients are diagnosed in stages I, II, 20-30% of stage III, rare stage IV. This is also very different

Size of tumors in surgery



The average size is 16.86 ± 7.5 cm, in which the largest u is 35 cm, the smallest is 3 cm.

Vo Thi Ngoc Diep also showed that the average size is 17.9 cm Nguyen Nghi Hiep: average size is 7.2 ± 4.9 cm (1.5 - 41.5cm)

According to Lim F.K, the average tumor size is 15.69cm

Classe histology

	Histology	The patient	Tỷ lệ %	
Dysgerminoma				15,6
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Non- Dysgerminoma				84,4
	Yolk-sac tumour	39	40,6	
	Embryonal carcinoma	0	0	
	Non-gestational choriocarcinoma	4	4,2	
	Immature teratoma	36	37,5	
	Mixed germ-cell tumour	2	2,1	
		96		100

The yolk tumors and malignant tumors were highest in 40.6% and 37.5%, respectively. The tumors were 15 patients (15.6%). The remaining groups have very little

CONCLUSION

- Based on the study of 96 MCGTs, we conclude that:
- Common in young women and children, from the first symptoms to the examination is usually short because the disease progresses rapidly.
- Common physical symptoms are palpable tumors, most tumors are easily removed.
- Large tumor size, average 16.86 ± 7.5 cm, the smallest is 3cm, the largest is 35cm.
- All patients underwent surgery at an optimum level, and postoperative assessment was performed at an early stage.



THANK YOU VERY MUCH