

Clinical Study of Surgical Combination Chemotherapy in the Treatment of Borderline Ovarian Tumors

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ABSTRACT

Borderline ovarian tumors belong to a kind of epithelial ovarian tumors, nature between benign and malignant, the incidence of ovarian tumors accounted for 4.0% to 14.0%, clinical manifestations and malignant have a greater similarity, will be transferred, and can recurrence[1]. For the disease, most of the clinical treatment will be given, in recent years, after the completion of surgical treatment, our hospital also on such patients with chemotherapy[2]. In this study, 32 patients were divided into two groups, one group received surgery, chemotherapy, a group of patients undergoing surgery alone, the research process and the results reported in the study of the results of the combination of surgery and chemotherapy in the treatment of borderline ovarian tumors as follows:

Introduction

Borderline ovarian tumors belong to a kind of epithelial ovarian tumors, nature between benign and malignant, the incidence of ovarian tumors accounted for 4.0% to 14.0%, clinical manifestations and malignant have a greater similarity, will be transferred, and can recurrence[1]. For the disease, most of the clinical treatment will be given, in recent years, after the completion of surgical treatment, our hospital also on such patients with chemotherapy[2]. In this study, 32 patients were divided into two groups, one group received surgery, chemotherapy, a group of patients undergoing surgery alone, the research process and the results reported in the study of the results of the combination of surgery

and chemotherapy in the treatment of borderline ovarian tumors as follows:

1. Object and method

1.1 Object

32 cases were treated in patients admitted to our hospital from December 2004 to December 2011, meaning (44.2 ± 6.7) years, 26 cases were serous, 14 cases were mucous, 17 cases were unilateral, 15 cases were bilateral, tumor diameter 3.2 to 5.3 cm, mean (4.3 ± 2.1) cm. Selected patients borderline ovarian tumors have been clearly confirmed, clear no contraindications surgery. In order to facilitate the study, 32 patients were randomly divided into 17 cases, 15 cases of combined

group and operation group, the two groups of general data objective difference is not prominent, $P > 0.05$, the control study can be carried out.

1.2 Methods

Fifteen patients underwent surgical treatment: the patients were treated with conservative operation and radical operation according to the actual situation of tumor and fertility. The conservative operation was mainly unilateral ovarian attachment resection, bilateral ovarian tumor stripping. The side of the attachment to remove the opposite side of the cyst on the implementation of stripping. Radical surgery on the whole uterus, bilateral attachment, appendix, and omentum resection.

Based on surgical treatment, 17 cases of the combined group received chemotherapy: chemotherapy drugs are paclitaxel and cisplatin, the mode of administration is intravenous or intravenous injection combined with abdominal perfusion. 1 course of treatment for 21 days, 4 to 6 courses of chemotherapy. During chemotherapy, liver and kidney function, blood routine testing.

1.3 Observation content

Follow-up for 5 years, observed two groups of survival, recurrence, pregnancy situation.

1.4 Data processing

The statistical analysis of SPSS21.0 software, survival, recurrence of the situation by the “(n /%)” analysis, the test to the card side, the two groups of data objective control, take $P < 0.05$ as a significant difference level.

2. Results

2.1 Compare the two groups of 5-year survival rates

The survival rate was 94.1% (16/17). The survival rate was 93.3% (14/15) in the operation group. Although the survival rate of the two groups was statistically there was no significance, $P > 0.05$, but the survival rate was slightly higher than that in the surgery group.

2.2 Compare the two groups of 5-year recurrence rate

During the follow-up period, the recurrence rate was 5.9% (1/17) and the recurrence rate was 33.3% (5/15)

in the combined group. The recurrence rate of the two groups was lower, $P < 0.05$

2.3 Compare the two groups of pregnancy

There were 4 cases of pregnancy, 4 cases (33.3%) (4/12), 11 cases of pregnancy group had pregnancy demand and 5 cases were followed up for 1 year, accounting for 9.1% (1/11). The pregnancy rate of the two groups was significantly higher than that of the control group ($P < 0.05$).

3 Discussion

Borderline ovarian tumors are an independent tumor, from the histology, biology, it does not belong to the malignant, nor is it benign [3]. Compared with benign, this tumor tissue cytology abnormalities, compared to malignant tumors, this tumor is not visible interstitial infiltration. For the treatment of this tumor, most of the clinical basis will be based on the tumor, the patient needs to choose the treatment program, in the past most of the radical surgery, that is, the uterus, bilateral appendages, appendix, omentum resection, and pelvic Of the lymph nodes to carry out cleaning. But in recent years, the trend of younger age is becoming more and more obvious, most patients have fertility needs, need to maintain reproductive function, conservative surgery has gradually become a common treatment of this tumor. However, the growth of the tumor lesions have a number of focal characteristics, after conservative surgery, may be left to the lesion, the possibility of recurrence increased [4]. In this regard, the clinical proposed to give chemotherapy to eliminate the residual lesions clean, so that patients with fertility can be retained at the same time, the recurrence rate decreased. On the borderline ovarian tumor chemotherapy, most researchers have started the study, the researchers on patients with postoperative residual lesions of chemotherapy, followed up for 6 years, the peritoneal exploration, found that all lesions subsided, which after surgery The effect of chemotherapy was confirmed [5]. It can be seen that, for patients with borderline ovarian cancer who are difficult to completely remove the tumor and are able to tolerate chemotherapy, it is clinically possible to administer adjuvant chemotherapy to reduce

the recurrence rate. However, during the implementation of chemotherapy, pay attention to liver and kidney function, blood monitoring, and to give the appropriate liver, antiemetic and other treatment, so that adverse reactions to reduce chemotherapy, so that patients with improved quality of life.

The results showed that the 5-year survival rate of the two groups was not significantly different, $P > 0.05$; 5-year recurrence rate was 5.8% in the combined group. The results showed that the 5-year survival rate of the two groups was significantly higher than that of the control group ($P < 0.05$), Compared with 33.3% of the surgical group was significantly lower, and for patients with pregnancy needs, combined group pregnancy rate was significantly higher than the surgical group, $P < 0.05$. Can be seen, for borderline ovarian cancer patients, after chemotherapy and chemotherapy did not receive although there is no significant difference in short-term survival, but in the recurrence rate, pregnancy rate, patients after chemotherapy was significantly higher.

In summary, the treatment of borderline ovarian cancer patients, the clinical basis of the tumor can be based on the specific circumstances of patients with patients with treatment needs to consider, for those who can tolerate chemotherapy, postoperative can be actively administered chemotherapy to promote the disease Improve the

treatment effect, so that reduction of recurrence. But for fertility needs of patients, the clinical need to weigh the disease based on the tumor in the late, and there are more lesions in patients should be given radical surgery, and according to the actual postoperative chemotherapy, so that patients with survival get extended.

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