(81%) patients had early stage disease. Fifteen patients (40.5%) had a recurrence, with the commonest sites being the pelvis and distant lung metastasis. Seventeen of the patients have died (46%).

Conclusions In our series there was good correlation between the initial diagnosis and the expert opinion. However, in certain tumour types, specialist review was particularly beneficial in reaching the final diagnosis. This may reflect the enhanced availability of molecular testing at centralised specialist centres. The prognosis is generally unfavourable even in early stage disease.

Objectives Our aim was to analyze the prevalence of positive lymph node in presumed early-stage ovarian carcinoma (OC) after systematic lymph node dissection (LND) and the impact in adjuvant chemotherapy.

Methods We evaluated a series of 765 patients with OC who underwent surgical treatment from January 2007 to December 2019. Patients with peritoneal disease and incomplete surgical staging were excluded. All cases had systematic pelvic and para-aortic LND up to the renal vessels. After patient referral to our center, a second surgery for staging was done in 37.8% of cases.

Results A total of 142 cases were ultimately included. The median pelvic and paraaortic lymph nodes (LN) dissected were 30 (range, 6–81) and 21 (range, 3–86), respectively. Stage shifts after LND and LN metastasis occurred in 8.4% of cases (12/142) – high-grade serous, 11.9% (5/42); clear cell, 16.6% (5/30); endometrioid, 5.1% (2/39); mixed, 0% (0/13); and mucinous, 0% (0/19). Notably, we found clinically suspicious LN (imaging or intraoperative) in 50% of the metastatic LN. Median hospital stay length was 6 days (range, 2–33) and 3.6% had grade ≥3 complications. Moreover, 110 (77.6%) patients underwent adjuvant chemotherapy and all cases had indication due to histologic type regardless the result of LN staging. After a median follow-up of 50.7 months (range, 1–206) we noted 27 (18.9%) recurrences, and the 5-years recurrence free and overall survival were 92.5% and 98.1%, respectively.

Conclusions We found a relatively low rate of lymph node positivity and half of positive cases had clinically suspicious LN. The LN status did not impact the indication of adjuvant chemotherapy.

Objectives The lymph node metastasis is closely related to tumor prognosis, and the formulation of postoperative treatment for gynecological malignant tumors. The purpose of this paper is to investigate the clinical value of magnetic resonance imaging in lymph node metastasis of gynecological malignant tumors.

Methods 208 patients undergoing pelvic lymph node and paraaortic lymph node dissection in the Department of Gynecology Chongqing University Cancer Hospital from January 2014 to June 2018 were analyzed retrospectively. SAS9.2 software was used for statistical analysis.

Results The pathological diagnosis in 208 patients showed that 13 patients has pelvic lymph node metastasis, Transfer rate is 30.29%. The sensitivity of MRI to pelvic lymph node transfer is 41.27%. The specificity of MRI to pelvic lymph node transfer is 70.27%. The positive forecast value is 78.36%. Two-related sample rate test (McNemar test), McNemar Statistics: 14.08, P = 0.0002, Kappa = 0.38, 95% CI (0.24, 0.52), The detection rates of the two detection methods differ significantly. 37 patients with abdominal aortic lymph node metastasis, Transfer rate is 17.79%. Sensitivity is 90.73%. Specificity is 98.25%. Positive forecast value is 78.57%, Negative forecast value of 86.60%.

Impact of Lymph Node Staging in Early-stage Ovarian Carcinoma

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Educational Value of Using Case-Based, Recorded, Open-Access Videomicroscopy in Gynecologic Pathology

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Clinical Significance of MR Imaging in the Judgment of Lymph Node Metastasis in Gynecological Malignant Tumors

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