Introduction/Background

We aimed to identify differences in cytoreduction rates and procedures performed in patients with advanced ovarian cancer undergoing primary (PDS) or interval debulking surgery (IDS).

Methodology

Data were collected prospectively on 110 consecutive patients from June 2016 to March 2020.

Results

Forty-nine patients (44.5%) underwent diaphragmatic peritonectomy (34 in PDS and 15 in IDS, \( p = 0.005 \)), while 38 (34.5%) underwent large bowel resection (29 in PDS and 9 in IDS, \( p < 0.001 \)). Complete cytoreduction was achieved in 39 patients in PDS and 29 in IDS (65% vs. 58%, \( p = 0.22 \)). Longer operations with more blood loss and extended hospital stay were performed in the PDS group. Ten patients (9.1%) experienced severe complications and in eight patients (7.2%) chemotherapy was delayed.

Conclusion

More bowel resections and diaphragmatic stripping were performed in the PDS group. End surgical results were similar between groups, with a trend for more complete cytoreduction in PDS.

Conclusion

Histopathological result showed benign PMP with a metastatic process to the inguinal. We did only cytoreductive surgery and after 6 months, the patient showed no complaints.