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PREDICTIVE VALUE OF 18F-FDG ACCUMULATION IN VISCERAL FAT ACTIVITY TO DETECT EPITHELIAL OVARIAN CANCER METASTASES

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Introduction/Background Epithelial ovarian cancer (EOC) is the most lethal gynecological malignancy, with relapse occurring in about 70% of advanced cases with poor prognosis. The aim of the study was to evaluate functional visceral fat activity (VAT) evaluated by 18F- fluorodeoxyglucose (18F-FDG) positron emission tomography/computed tomography (PET/CT) as a predictor of metastases in EOC.

Methodology We enrolled study protocols and PET/CT data of 398 CRC patients; 345 patients were subsequently excluded for various reasons. The remaining 53 patients with histologically confirmed adenocarcinoma, carcinoma and cystadenocarcinoma were then prospectively assessed and underwent ¹⁸F-FDG PET/CT after a surgical treatment and chemotherapy. Age, histology, stage, and tumor grade were recorded. Functional VAT activity was measured by maximum standardized uptake value (SUVmax) using 18F-FDG PET/CT and tested as a predictor of later metastases in eight abdominal locations (RE – Epigastric Region, RLH – Left Hypochondriac Region, RRL – Right Lumbar Region, RU – Umbilical Region, RLL – Left Lumbar Region, RRI – Right Inguinal Region, RP – Hypogastric (Pubic) Region, RLI – Left Inguinal Region) and pelvic cavity (P) in the adjusted regression models. We also identified the best areas under the curve (AUC) for SUVmax with the corresponding sensitivity (Se) and specificity (Sp).

Results In both adjusted for regression models and ROC analysis, 18F-FDG accumulation in RE (cut-off SUVmax 1.18; Se 64%; Sp 64%; AUC 0.669; p = 0.035) could predict later metastases in EOC patients, as opposed to age, sex, primary tumor location, tumor grade, and histology.

Conclusion Functional VAT SUVmax is significantly associated with later metastases in EOC patients and can be used as their predictor.

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TEN STEPS ROBOTIC INTENSIVE STAGING FOR EARLY-STAGE OVARIAN CANCER

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Introduction/Background One-third of the patients with ovarian cancer (OC) is diagnosed with FIGO stage I-II, and their five-year survival is up to 90% [1,2]. Adequate treatment of early ovarian cancer (EOC) depends on the correct stage of

the patient [3,4]. The feasibility and safety of minimally invasive surgery (MIS) for EOC is known and can be offered to selected patients [5]. No relevant differences between robotic and laparoscopic approaches for EOC staging are described in Literature [6].

Methodology We report the case of a 54 years-old patient diagnosed with an 81 mm adnexal mass. DaVinci robotic system was used to perform surgery with four 8 mm trocars along the transverse umbilical line, and 10 mm trocar in Palmer's point. The instruments we used were ProGrasp Forceps, fenestrated bipolar, and monopolar curved scissors. Here we aim to standardize the robotic technique for EOC staging in ten steps.

Results We have identified ten key steps to perform this procedure safely and effectively: Access to pelvic retroperitoneum; Identification of the ureter with development of pararectal and paravesical spaces; Closure of the uterine artery and section of ovarian pedicles and mobilization of adnexal mass with no-touch isolation technique; Development of rectovaginal and vesico-vaginal septum; Endobag extraction of surgical specimen; Access to lumbo-aortic retroperitoneum; Infiltration of the ovarian pedicle with indocyanine green then visualization and dissection of sentinel lymph node (LN); dissection of paracaval LN; dissection of inframesenteric LN; dissection of supramesenteric LN. Surgical time was 180 min and blood loss was 100cc without intraoperative complications. The patient was discharged on the 4th postoperative day without complications. Histology revealed a FIGO Stage IIA G3 serous endometrioid ovarian carcinoma.

Conclusion Robotic staging of EOC in ten steps is a safe and feasible technique that must be performed by an experienced oncological surgeon in referral centers.

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CYSTIC MALIGNANT TERATOMA IN A 33-YEAR-OLD WOMAN: A CASE REPORT

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Introduction/Background Cystic teratoma is the most common ovarian neoplasm but the malignant form is very rare and it accounts for 1%. It consists of well-differentiated derivatives of germ cell layers (i.e., ectoderm, mesoderm, and endoderm) developing as hair, muscle, teeth, or bone.

Methodology 33-years old woman was admitted to our hospital because she noticed that her stomach had grown. She had occasional abdominal pain and constipation for several years. We did a detailed gynecological examination. Ultrasound examination with an abdominal probe showed that it was a tumor 15 cm in diameter, which consisted partly of hyper, partly hypoechoic content. The other blood parameters were within normal limits. Tumor marker Ca 125 was within normal limits as CEA, but the value of alpha-fetoproteins was elevated.

Results We decided to do a laparotomy and removed the tumor completely. We checked other internal genitals organs