**GO-05**

Laparoscopic lymphadenectomy for isolated lymph node recurrence in gynecologic malignancies

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목적: To assess the feasibility and efficacy of laparoscopic lymphadenectomy in patients with isolated lymph node recurrences (ILNR) who underwent initial surgery for gynecologic malignancy.

방법: Design: Retrospective study (Canadian Task Force classification II-3). Setting: University teaching hospital. Patients: Six patients with ILNR (one cervical, four ovarian, and one peritoneal) diagnosed between March 2003 and July 2010. Interventions: Laparoscopic lymphadenectomy

결과: The median age was 59.5 years (range, 24-70 years) and the median body mass index was 21.7 (range, 21.0-24.6). There was no unplanned conversion to laparotomy. The median operating time was 337.5 minutes (range, 200-400 minutes), median hemoglobin change was 0.9 g/dL (range, 0.4-2.6 g/dL), and median hospital stay was 8.5 days (range, 5-19 days). The median number of harvested lymph nodes was 20 (range, 5-27) and those of positive lymph nodes was 4 (range, 1-24). One patient had common iliac vein laceration with complete hemostasis achieved by intracorporeal suture. Postoperative lymphedema occurred in one patient and was managed conservatively. All patients were treated with adjuvant chemotherapy following laparoscopic lymphadenectomy.

결론: Laparoscopic lymphadenectomy in patients with an ILNR is feasible and might be an alternative therapeutic strategy.

**GO-06**

The correlation between Metabolic tumor volume on PET/CT and Clinical parameters in cervical cancer

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목적: The purpose of this study was to evaluate the value of metabolic tumor volume (MTV) of PET/CT in patients with cervical cancer.

방법: Forty six patients who underwent PET/CT and MRI to evaluate cervical cancer were included from March 2008 to June 2011. We analyzed Age, Weight, Height, parity, cancer type, cancer stage, MRI findings, PET findings of patients, retrospectively.

결과: The mean age of patients was 52.3±13.5. Patients were divided into two groups based on the median MTV value; low group (LG) and high group (HG) (median value: 83.6). There were no differences in age, BMI, parity, and cancer cell type between two groups. In the HG, clinical stage I and II was 78.9% (15 patients), stage III and IV was 21.1% (4 patients), where as in the LG, stage I and II was 100% (19 patients), none was stage III and IV. The stage of the LG is significantly lower than that of the HG (p=0.03). Between two groups, there was a significant difference in parametrium involvement (LG (47.4%) vs HG (94.7%), p<0.01) and pelvic lymph node metastasis on MRI (LG (42.1%) vs HG (78.9%), p=0.02). In addition, the HG value was significantly higher in tumor mass volume on MRI, and the standardized uptake value (SUVmax) of primary tumor and pelvic lymph node. (p<0.01, <0.01, <0.04, respectively). The serum SCC level was higher in the HG, and was statistically significant (p<0.01).

결론: Higher MTV correlates to parametrium involvement, pelvic node metastasis, and cancer stage in cervical cancer patients. And tumor mass volume on MRI, SUVmax of primary cancer lesion and pelvic lymph node, and serum level of SCC were higher in the HG. We concluded MTV is an important factor that correlates with many clinical parameters in cervical cancer. The MTV cut off value of 83.6 was meaningful in this study.