Ultra-Minilaparotomy for Large Benign Ovarian Cysts
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목적: To evaluate the feasibility and outcome of surgical management of large benign ovarian cysts using ultra-minilaparotomy.

방법: Twenty-five patients underwent ultra-minilaparotomy that involved a <3 cm skin incision for benign ovarian cysts with maximum diameter >10 cm. Patients’ characteristics, operative time, estimated amount of blood loss (EBL), operative complications, postoperative outcomes and the pathological findings were examined.

결과: The mean age was 37 years (range 19 to 78 years). Body mass index were 23 (range 16 to 34). The maximum diameter of the ovarian cysts ranged from 10 to 28 cm (mean of 12 cm). The mean (range) operative time was 38 minutes (25 to 80 minutes). The median (range) EBL was 40 mL (20 to 120 mL). No patients received blood transfusion. The median (range) post-operative hospital stay was 2 days (1 to 3 days). There were no operative or post-operative complications. The surgical procedures performed were ovarian cystectomy (17 cases), unilateral salpingo-oophorectomy (6 cases) and unilateral oophorectomy (2 cases). The pathology findings include eight endometriotic cysts, seven mucinous cystadenoma, five dermoid cysts, four serous cystadenoma and one ovarian fibroma.

결론: Ultra-minilaparotomy is feasible and safe minimally invasive strategy for managing patients with large ovarian cysts.

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Benefit of adjuvant chemotherapy combined to postoperative radiotherapy for high-risk endometrial cancer: A meta-analysis
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목적: The standard treatment of high-risk endometrial cancer was a staging operation followed by pelvic radiotherapy. The purpose of this study was to determine whether adjuvant chemotherapy combined to the standard treatment would have benefits for the total recurrence and 5-year overall survival.

방법: Electronic searches for studies of adjuvant chemotherapy combined to postoperative radiotherapy in endometrial cancer patients between July 1976 and July 2011 were made on MEDLINE, SCOPUS, Web of Knowledge and EMBASE. A meta-analysis of literature was performed and pooled odds ratios (OR) of total disease free survival count on observation and 5-year overall survival count by Caplan-Meier methods were appropriately derived from fixed effects model.

결과: Three case-control studies and 3 randomised clinical trials were included in the final analysis. There was a significant difference between patients whose adjuvant chemotherapy was combined to postoperative radiotherapy (CRTx group) and patients with postoperative radiotherapy only (RTx group) in total disease-free survival count on observation [odds ratio (OR) = 1.38, 95% CI - 1.05 to 1.81, p=0.02]. However, no significant difference in 5-year overall survival count between 2 groups was observed [odds ratio (OR) = 1.26, 95% CI - 0.93 to 1.70, p=0.14].

결론: This meta-analysis revealed that adjuvant chemotherapy combined to postoperative radiotherapy could significantly reduce the recurrence rate in patients with high-risk endometrial cancer, but would not have an additional benefit in terms of 5-year overall survival when compared with postoperative radiotherapy only.