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Factors associated with prediction of residual lesion in conization
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목적: We investigated factors affecting margin involvement, follow-up cytology and high risk human papillomavirus (HPV) testing within 6 months after conization, following surgical treatment after conization as predictors of incomplete excision in conization.

방법: One thousand four hundred forty six patients who underwent conization due to diagnose and treat cervical intraepithelial neoplasia (CIN) in Gangnam Serverance and Severance Hospital from January 2008 to December 2011 were included in this retrospective study. We analyzed their clinical and pathologic characteristics.

결과: Aging (odd ratio [OR], 1.039; 95% confidence interval [CI], 1.022-1.056), high grade group of preconization cytology(OR, 1.800; 95% CI, 1.333-2.431), preconization high risk HPV testing positivity (OR, 5.215; 95% CI, 1.824-5.215) were statistically significant factors that affect conization margin positivity. The width of specimen in conization was predictive factor for follow-up cytology within 6 months after conization (OR, 0.579; 95% CI, 0.370-0.906). Low grade group of preconization cytology (OR, 0.619; 95% CI, 0.426-0.900), preconization HPV testing positivity (OR, 4.726; 95% CI, 2.172-10.28) were significantly different in follow-up high risk HPV testing within 6 months after conization. Aging (OR, 1.066; 95% CI, 1.044-1.090), high grade group of preconization cytology (OR, 2.293; 95% CI, 1.575-3.338), preconization high risk HPV testing (OR, 4.560; 95% CI, 2.158-9.639), local anesthesia (OR, 1.885; 95% CI, 1.136-3.128) were relative to the following surgical treatment after conization.

결론: It is important to predict residual lesion after conization that affected by age, parity, preconization cytology and high risk HPV testing, anesthesia. These findings could be used to determine appropriate follow-up protocols.

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Metastasis with two directivity patterns from synchronous neuroendocrine carcinoma of the ovary and squamous cell carcinoma of the cervix
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Synchronous primary tumors of the female genital tract take place only 1-6% of the gynecologic malignancy. Metastasis of synchronous tumors occurs from one component of primary tumors. We present a 47-year-old woman with synchronous neuroendocrine carcinoma of the ovary and squamous cell carcinoma of the cervix with metastasis with two directivity patterns. A huge abdominal mass was palpated and cervix cytology resulted in adenocarcinoma in situ. The initial tumor markers were as followed; CA 125 was 99.30 (U/ml), SCC was 0.57 (ng/ml), and CEA was 0.60 (ng/ml). Therefore, laparoscopic total hysterectomy, both salpingo-oophorectomy, pelvic lymph nodes dissection, para-aortic lymph nodes dissection, and omentectomy were pursued. The pathology described that the 20 cm × 22 cm sized right ovarian tumor metastasized to left pelvic lymph nodes. Even though, no definite mass was noted, the cervix malignancy extended to the parametrium and right pelvic lymph nodes. The patient was diagnosis of FIGO stage IIIC ovarian cancer and IIB cervix cancer. Since parametrial invasion was present and margin was positive, 4 cycles of cisplatin (40mg/ m²)-based concurrent chemo-radiation therapy and following 6 cycles of carboplatin (AUC 5) and paclitaxel (175mg/m²) chemotherapy were planned. After 9 months of follow up, liver metastasis with neuroendocrine differentiation was revealed. We report a rare case of synchronous ovary and cervix malignancies with both presenting lymph-node metastasis.