Lymphadenectomy in Ovarian Cancer

Thesis

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INTRODUCTION

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Malignant neoplasms of the ovary present an increasing challenge to the world. They are the cause of death of more female patients than any other female genital tract malignancy. They account for four percent of all malignancies among women, and at least every 50 minutes, there is a death caused by ovarian malignancy, in the United States alone.

Gynecologic oncologists are frustrated by the paucity of knowledge about the disease, together with the failure to achieve any significant reduction in the mortality from this disease over the past six decades.

Today, operative treatment of ovarian malignancies is still the best hope for the patient. The impetus for extensive surgical procedures is the development of novel chemotherapeutic agents that needed, in order to exert their maximum effect, a rather complete cytoreductive surgery.

The surgical pursuit of the routes of spread of ovarian malignancy led to knowledge about the retroperitoneal spread of the disease. The lymphatic spread of ovarian malignancy had been generally thought to follow the lymphatics along the ovarian vessels to the para-aortic region. Some older reports had described deposits of ovarian malignancies in various lymph nodes outside the para-aortic region, but only lately have systematic studies shown that ovarian cancer regularly spreads to retroperitoneal node groups that have previously received scant attention. The lymphatic spread occurred early in the course of the disease, and the rate of lymphatic spread late in the disease was unexpectedly high. The findings immediately led to the debate around whether systematic lymphadenectomy should be

integrated within primary surgical management of ovarian malignancy.

Meanwhile, surgery remains the mainstay of the multidisciplinary approach to the management of ovarian malignancy.

AIM OF THE WORK

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The aim of this work is:

- * To develop a technical capability to perform pelvic and paraaortic lymphadenectomy at the time of laparotomy for ovarian malignancy with maximum cytoreductive surgery.
- * To assess the complications of such procedures.
- * To determine the approach most feasible for the surgical techniques.
- * To obtain information on the distribution and patterns of lymph node involvement in cases of ovarian malignancies.

