

CT and Abdominal Laparotomy Correlation in Ovarian Cancer

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Introduction

One of the hottest topics in the diagnosis of ovarian cancer is the reliability of diagnostic imaging tests to report the operability or not.

Objective

- Determine the value of the CT scan for identification of tumor size, lymph node and peritoneal metastases in patients undergoing subsequent radical surgery for ovarian cancer.

Overview

A retrospective study analyzed patients diagnosed with ovarian cancer with the CT scan diagnosis and subsequently underwent surgery (n = 26) , in the period: January 2009 to December 2011.

Variables of research

The analyzed variables were:

1. Type of tumor, size (maximum diameter),
2. Bilateralism,
3. Nodal enlargement
4. Peritoneal Metastasis

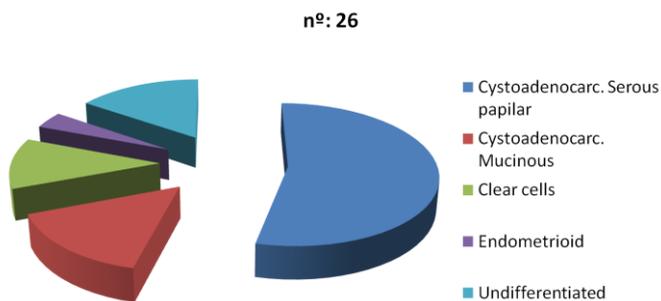
CT scan test and correlation with pathology, also will study the two-year survival.

Patients and Methods

The mean age of the patients analyzed was 51'6 years (40-76 y.).

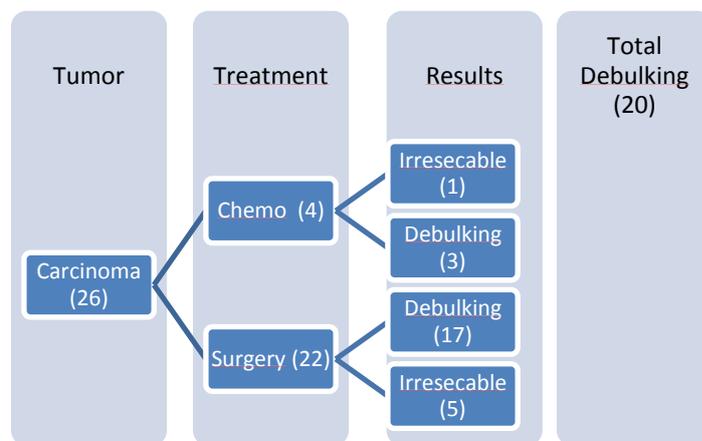
The histological type were papillary serous cystadenocarcinoma (63'6%), mucinous (18'3%), clear cell (13.6%), endometrioid type (2'25%) and the undifferentiated (2.25%).

Pathology:



Procedure:

Results of CT scan diagnosis compared with pathology results post surgery



Results

-The CT and sizes surgical specimen correlation was of 44'4% (differences if <1cm.). In 55,6 % the CT scan overestimated 50% of cases and underestimated other 50%.

-The process was bilateral in 37.5% of patients.

-The detection of lymphadenopathy by CT has a false positive rate (FP) of 17'6% and false negative (FN) 5'9%.

-Peritoneal metastases were positive in 58.3% of the CT and 68% of pathological anatomy, with a concordance of 75%. FN and FP rates were: 16.6% and 8.3% in the diagnosis of peritoneal metastases.

In 77% of patients a debulking surgery was performed., while the other 23% of the cases were unresectable in primary surgery.

Median survival at 2 years in patients with resectable tumors was 75% while unresectable ones was under 1 year.

Conclusion

In our hospital, the ability of CT scan to determine tumor size, detection of positive nodes and peritoneal metastasis is low, so it is advisable to practice laparoscopy or exploratory laparotomy for evaluation of tumor mass successfully warped

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