

Attempts in Development of Early Diagnostics of Ovarian Carcinoma

Umarova N.A.

Oncological Cancer Center of Republic of Uzbekistan

Abstract

Tashkent, Uzbekistan

Ovarian carcinoma (OC) is one of the most difficult localizations, from the perception of early diagnostics, in malignant process.

The studies, we have been conducting since 2006 and data based on results of 1368 patients, have shown that dynamic monitoring of CA-125 possesses low sensitivity (52,8 %) and specificity (64,2 %) when dealing with I-II stage of the disease.

Materials and methods

There, where concentration of CA-125 exceeded a limit of 300 IU/ml, as a rule, the II stage of ovarian carcinoma is diagnosed. In the second group, where along with CA-125 tests ultrasonography with colored Doppler mapping (surveillance) were realized, a group of patients with concentration of CA-125 within 60-300 IU/ml have drawn our attention. Almost in all cases, ultrasonic characteristics let us legibly indicate a tumorous process, despite the minimum zone (volume) of lesion. The criteria, relying on which the diagnostic records were made, were formed as following: in parietal component (solid cystoma) or in any other zone of ovary (space-occupying lesion) had the mixed characteristics, a faltering course (3d angiography), blood circulation in a range of 4-10 sm/sec; Taking into account this data, sonography sensitivity while diagnosing I-II stages of ovarian carcinoma was 86%, and specificity 82%.

Results

It is necessary to point out three clinical records when there were no marker and ultrasonic signs of ovarian carcinoma, however, in terms of 8, 17, 62 days there were clinics of ascites and a malignant process (serous cyst-adenocarcinoma) has been diagnosed.

Conclusion

Taking into account the variants of clinical aspects of epithelial ovarian carcinoma and researches made, we consider as possible proving the following positions:

- It is necessary to admit that in epithelial ovarian carcinoma group, it's already possible to differentiate at least two variants of the malignant process which distinguishes from each other in mechanism of occurrence and a clinical current;
- For some variants of OC, most likely, it's typical rather short interval in time between «complete well-being» as absence of existing today diagnostic signs of a cancer and apparent (ascetic) variant of the disease;
- Modern diagnostic methods cannot fit the concept of screening ovarian carcinoma.