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卵巢恶性肿瘤合并妊娠的治疗及预后

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Treatment and Prognosis of Malignant Ovarian Neoplasmas Complicating Pregnancy

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摘要

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摘要 目的 总结卵巢恶性肿瘤合并妊娠的临床病理特点及预后,探讨合理的治疗方法。方法 回顾性分析北京协和医院收治的38例卵 巢恶性肿瘤合并妊娠患者的临床资料,复核手术病理切片,并根据国际妇产科联盟1988年妇科肿瘤分期标准进行卵巢肿瘤分期。结果 38例患者中,上皮性卵巢癌9例(23.7%),上皮交界性肿瘤13例(34.2%),卵巢恶性生殖细胞肿瘤11例(28.9%),卵巢性索间质肿 瘤3例(7.9%),胃肠道恶性肿瘤转移到卵巢2例(5.3%);27例(71.1%)为 I 期。8例患者在孕早期终止妊娠,6例足月阴道分娩,15 例足月剖宫产,9例治疗性早产剖宫产;1例新生儿死亡,29例新生儿健康存活。所有患者均接受手术治疗,2例在妊娠期间,18例患 者在妊娠终止后接受了化疗。平均随访(40.5±38.5)个月,1例患者失访,7例死亡,1例带瘤生存,29例(76.3%)无瘤存活。结论 卵巢恶性肿瘤合并妊娠的治疗要个体化,中晚孕期无论是手术还是化疗都相对安全,恰当的治疗可获得相当满意的母儿预后。

关键词: 卵巢 恶性肿瘤 妊娠 手术 化疗 预后

Abstract: Objective To summarize the clinicopathological features and prognosis of malignant ovarian neoplasmas complicating pregnancy and explore the rational treatment. MethodsThe clinical data of 38 patients with malignant ovarian neoplasmas complicating pregnancy were retrospectively analyzed, and the intra-surgical pathological sections were reviewed. International Federation of Gynecology and Obstetrics (FIGO) staging system (1988) was applied. ResultsOf these 38 patients, the malignancies included epithelial ovarian cancer (n=9, 23.7%), epithelial borderline ovarian tumor (n=13, 34.2%), ovarian malignant germ cell tumors (n=11, 28.9%), sex cord stromal tumors (n=3, 7.9%), and metastatic tumor from gastrointestinal tracts (n=2, 5.3%). Twenty-seven patients (71.1%) were at stage I. The pregnancy outcomes included termination in the first trimester (n=8), fullterm vaginal delivery (n=6), full-term Cesarean section (n=15), and therapeutical Cesarean section for premature birth (n=9). One newborn died, and the remaining 29 survived in a healthy status. All patients underwent surgical treatment, among whom two patients received surgeries during pregnancy. Patients were followed up for (40.5± 38.5) months, during which one patient was lost to follow-up, 7 died, 1 survived with tumor, and 29 (76.3%) survived free of tumors. ConclusionsThe management of ovarian malignancies complicating pregnancy should be individualized. Both surgical treatment and chemotherapy are relatively safe in the second and third trimesters. Satisfactory prognosis can be expected after appropriate treatment.

Keywords: ovary malignant neoplasm pregnancy surgery chemotherapy prognosis

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