

Cytoreductive surgery and perioperative intraperitoneal chemotherapy in recurrent ovarian cancer

Antonios-Apostolos K Tentes¹, Odysseas S Korakianitis², Stylianos Kakolyris³, Dimitrios Kyziridis¹, Dousan Veliovits¹, Chrysa Karagiozoglou², Evanthia Sgouridou¹, and Konstantinos Moustakas¹

¹Department of Surgery, and ²Anesthesiology Department, Didimotichon General Hospital Didimotichon; ³Clinical Oncology, Democritus University of Thrace, Alexandroupolis, Greece

ABSTRACT

Background and aims. Cytoreductive surgery with perioperative intraperitoneal chemotherapy is another approach for recurrent ovarian cancer. The purpose of the study was to assess the feasibility and the effect of cytoreduction and perioperative intraperitoneal chemotherapy in recurrent ovarian cancer.

Patients and methods. Twenty-nine women with recurrent ovarian cancer underwent cytoreductive surgery. Clinical variables were correlated to morbidity, hospital mortality, recurrences, and survival.

Results. Complete cytoreduction was possible in 58.6%. Extensive seeding of the small bowel and distant metastases excluded the possibility of performing complete cytoreduction. Perioperative intraperitoneal chemotherapy was given in 75.9%. Morbidity and hospital mortality rates were subsequently 24.1% and 3.4%. Recurrence was recorded in 48.3%. The extent of peritoneal dissemination was an independent variable of recurrence ($P = 0.014$). The 5-year survival rate was 30%. The extent of peritoneal dissemination and the completeness of cytoreduction were related to survival ($P < 0.05$). The completeness of cytoreduction independently influenced survival ($P = 0.013$).

Conclusions. Secondary cytoreduction with intraperitoneal chemotherapy is feasible in most women with recurrent ovarian cancer with acceptable morbidity and mortality. Complete cytoreduction is not possible if distant and unresectable metastases are present or if the small bowel is extensively seeded. Long-term survivors are patients with limited peritoneal dissemination who may undergo complete cytoreduction. Free full text available at www.tumorionline.it

Key words: cytoreductive surgery, intraperitoneal chemotherapy, morbidity-mortality, recurrent ovarian cancer, survival.

Correspondence to: Antonios-Apostolos K. Tentes, Director, Surgical Department, Didimotichon General Hospital, Didimotichon, 68300, Greece. Tel +30-2553-044258, fax +30-2553-024763; e-mail atentes@did-hosp.gr

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