

THE APPLICATION OF UROLOGICAL PALLIATIVE METHODS IN FEMALE ADVANCED GENITAL PATHOLOGIES WITH THE AIM OF IMPROVING THE SURVIVAL RATE

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ABSTRACT. For scientists, onco-gynecological pathology is one of the grandest challenges in the discovery of new surgical procedures aimed at increasing the quality of life. This study presents an introduction in new palliative aimed therapies for patients with advanced genital cancer, therapies that aim to bring a positive changes in the quality of life and increasing survival rates. Study developed on the Department of Urology of the Clinical Hospital Arad County included 44 patients with advanced genital cancer pathology admitted during 2012-2015. A total of 35 patients had the recommendation to perform urological palliative purpose methods, while the remaining 9 patients underwent curative interventions. Increase in the rate of survival and quality of life has changed, 22 patients being currently under strict medical and therapeutical monitoring

KEYWORDS: urological palliative methods, women, genital cancer.

INTRODUCTION

The concept of palliativity is described by the World Health Organization, since 1967, as a plurality of active procedures that are performed on a patient with advanced neoplastic pathology, pursuing the ultimate goal of increasing the patient's quality of life. Palliativity includes all medical, surgical and psychosocial strategies. (Mahmood I. et al, 2010)

Among the most important factors favoring high risk of neoplasia occurrence are adenocarcinoma and papillomavirus infection, which are left untreated or without proper diagnosis of early stage (MerkH., 2006). On the national level, in Romania, cervical cancer ranks second after breast cancer. (Mahmood I. et al, 2010)

The discovery of test that detects cervical cancer and the vaccine development for prevention of the occurrence of neoplasia, highlight the significant progress being made in the last 65 years for this pathology. This all was possible thanks to George Papanicolaou. Cervical cancer is most often described as squamous cell carcinoma.

Ovarian cancer is still considered the most lethal gynecologic cancer in most of the developed countries. (5 Harrison, 2014). The average age of detection of ovarian cancer is 59 years. Frequency increases with aging. The percentage of positive diagnosis is 15.7% to 100 000 women at the age of 40, at 79 however this percentage is 54% to 100 000 women (Lu K et al, 2009)

Endometrial cancer is the third most common gynecological cancer worldwide after breast cancer and cervical cancer. (Mahesh K. Shetty, 2013) According to the

latest study, the presence of breast neoplasia, and nuclear phosphoprotein presence of specific genetic mutation for breast cancer (BRCA 1) increase the risk of endometrial cancer by 2.6%. (Mahesh K. Shetty, 2013)

Stents are introduced as a temporary treatment, able to ameliorate and prevent complications that can occur in the presence of tumors, retroperitoneal fibrosis or ureteral obstructions caused by gallstones and tumors.

Also, the insertion of the stent can be introduced as a permanent method where the first stage of the treatment is not possible. In the cases that signal bilateral obstruction, solitary kidney, refractory renal colic associated with infection, stent installation necessity are absolutely urgent and major. (Louis R. Kavoussi et al, 2012)

Nephrostomy is one of the most used techniques which was introduced in the surgical palliative pathology related treatment. Direct drainage of the kidney by percutaneous nephrostomy was first described by Goodwin and collaborators in 1955, the technique became more affordable in 1976 when Fernstrom and Johansson intentionally set a percutaneous tract useful in removing kidney stones. (Louis R. Kavoussi et al, 2012)

MATERIAL AND METHOD

The study was conducted at Arad County Clinical Hospital on Department of Urology. It involved a group of 44 patients, randomly selected and admitted during the study period (2012-2015), that had advanced cervical, endometrial and ovarian cancer. The data were obtained from periodic medical examinations with imaging tests and from medical

records. All these elements are well known to provide us with useful information about status of the patients.

RESULTS

The selected grup, consisting of 44 patients from 2012-2015, held in the Urology Clinic of Arad, aimed at applying palliative therapeutic procedures, purposed in showing the essential role in increasing the survival rate and a positive change in quality of life. This study included patients with genital neoplasms of the cervix, uterine body and ovarian. In the course of the study patients were strictly evaluated. Biological, imaging and questionnaires evaluations have been a first step in concluding and carrying out the adevcate procedures for each specific case. Nephrostomy, stenting and uretero-bladder probe installation were the palliative urological therapies elected. Of the total patients, nephrostomy was practiced in a number of 22 patients, 10 patients with right nephrostomy intervention, 9 on the left and 3 bilateral interventions.

For a total of 7 cases, ureteral stenting was completely inserted, 3 maneuvers were performed bilaterally, two right and two left-sided. When installing the uretero-bladder probe, after completion of all investigations, it was concluded that only 6 patients may be eligible for this palliative urologic procedure. The other 9 patients included in the study underwent urological curative application methods.

Out of 44 hospitalized patients with advanced neoplastic pathology a percentage representation by types of cancer was created based on their eligibility for urological therapeutic methods. Of the study group, 29 represented most of the cervical neoplasia, 5 patients had advanced ovarian cancer and one patient was included in the study having endometrial cancer.

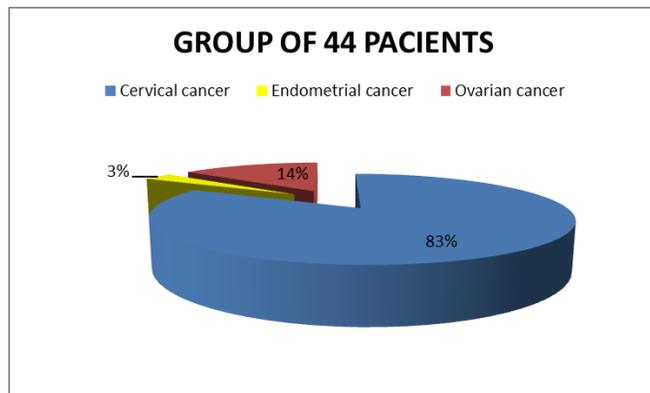


Fig. 1 Percentage representation of urological malignancies eligible for palliative treatments

Following clinical investigations, including laboratory, imaging data and through adapted questionnaires, from the study group, 35 patients received palliative type therapy and the remaining 9 patients received curative urological type therapy. The main focus was on

implementation of palliative methods, in order to prove the increase in quality of life and expectancy. (Fig.2).

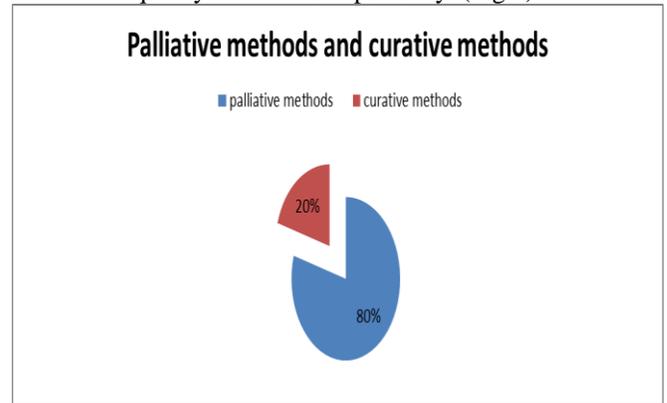


Fig. 2 Percentage representation of palliative and curative treatments applied

Nephrostomy was selected as a palliative therapeutic method for urological patients under study in 2012-2015. A group of 22 patients have benefited from that therapies showing a well-tolerated intervention. (Figure 3).

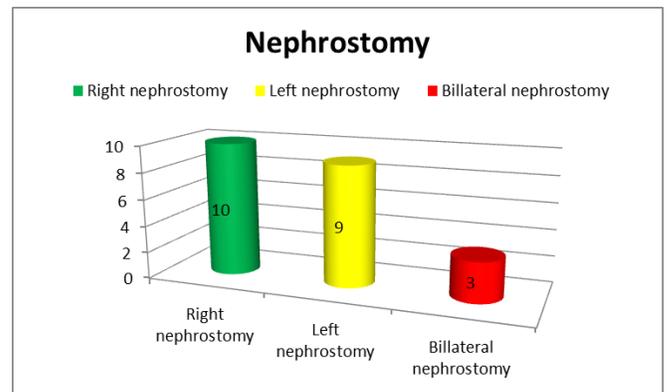


Fig. 3 Typological representation of nephrostomies applied to patients

A second treatment option was the insertion of stents, which was intended for a long term practicality as opposed to a temporary solution. A total of 7 patients managed to undergo the insertion in order to improve the symptoms affecting patients' quality of life and even to prevent damage in vital factors, if deprivate of the application of those palliative methods. (Figure 4).

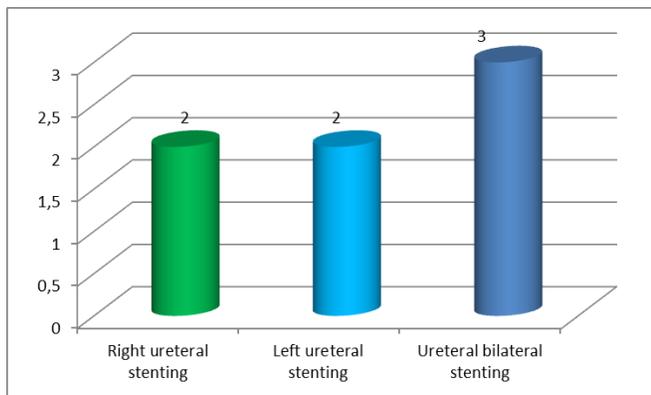


Fig. 4 Statistical representation of stents insertion to patients during study

The following palliative method, used in advanced genital cancers, was represented by uretero-bladder probe. It applied to 6 patients. Post procedure, patients showed a progression in terms of improvement symptomatically. (Figure 5).

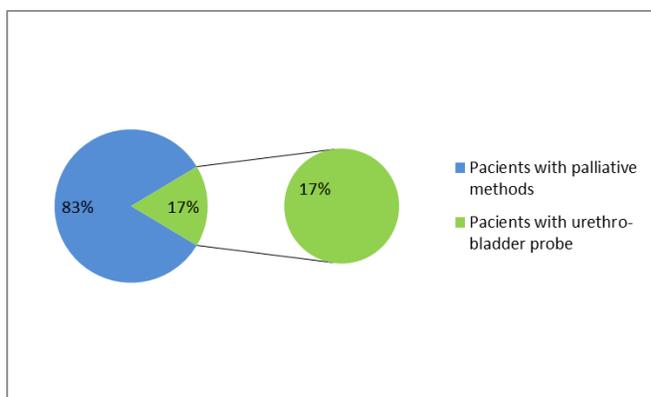


Fig. 5 Mounting the uretero-bladder probe percentage of the study group representation

In Figure number 6 shows an increase survival in patients post-interventional which are under strict medical supervision. Of the total study group, 14 patients are evidence of these effective urological applied methods to positively change the survival rate. (Figure 6).

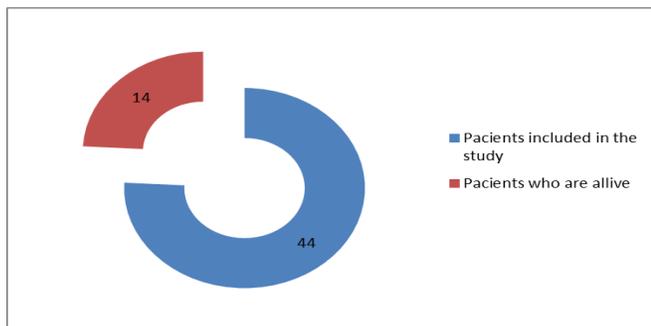


Fig. 6 Graphical representation of survival patients post intervention

DISCUSSIONS

According to figure 1, it has been observed that, in 2012-2015 period, were selected 44 women with develop genital neoplasm. We observed also that cervical cancer was the most frequent type of cancer in a percentage of 80 %. The rest of 14% was represented by endometrial cancer. A minimum frequency was represented by ovarian cancer with 3%. Also in our study it was shown according to the World Health Organization - The International Agency for Research on Cancer, that the cervical cancer represent the first pathology of genital neoplasm. Those patients which were included in the study were closely monitored and investigated and after all the medical protocols were followed, the possible use of efficient palliative methods was considered.

Because of some advanced cases, some patients could not undergo a strictly palliative therapeutic method, but in order to save all vital functions and life of patients, we opted for a curative therapeutic method.

However the application of palliative methods represented the significant percentage of cases, thus having an important role in proving the effectiveness of these therapies on the health of patients. All this theory has been shown in Figure 2.

In Figure number 3. The procedure for nephrostomy was the most common technique used in neoplastic patients. According to the literature it turns out that this technique has a beneficial role in the case of advanced pathologies that can quickly deteriorate patients lifes. 10 patients underwent right kidney nephrostomy, 9 left nephrostomy and 3 patients required bilateral application. By applying this minimally invasive procedure, urinary tract drainage can be easily achieved. Thus this technique prevents the worsening of metabolic imbalances, which are frequent in such pathologies.

Stenting use as a therapeutic method shown in Figure number 4, is displayed in a lower percentage of patients included. A total of 3 patients had indication of bilateral insertion, a higher percentage than bilateral nephrostomy mounting. Uretero-bladder probe application was considered as the urologic oncology palliative method used. In the figure number 5. , out of the total of 29 patients, six of them were eligible to perform this medical procedure. In the last figure it is underline post procedural survival rate by the existence of 14cases.

CONCLUSIONS

According to the literature there is proof that the presence of advanced type neoplastic pathologies can be included in the urological field by applying new therapeutic procedures with palliative role. The study period had a beneficial role in order to collect the cases and investigate them closely. The selection of patients was made possible through all the investigatory steps which included clinical and laboratory methods, imaging and questionnaires adapted for existing pathologies.

Endometrial cancer was the most common and had the largest therapeutic application. Palliative methods have aimed to increase the quality of life for patients, permanently monitored through applied questionnaires and medical tests.

Prevention of damage to vital functions has been proved by the timely application of these palliative techniques. Life expectancy of patients has changed favorably postintervention. These patients are still monitored.

Success has been shown in the study despite the fact that neoplastic pathologies were an advanced disease, the possibility of application of these therapies has been thus established.

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