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Sequential diagnosis of tumours of the breast:
A new concept following the principles of angioneogenesis.

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Posterpresentation

Objectives: Breast cancer is the leading cause of cancer death in american and european women. Additionally to traditional diagnostic methods we need the chance of detection of subclinical lesions and the early definition of risk groups. It may be possible by the additional use of new imaging techniques: "the diagnostic approaches of vascularisation": colour dopplersonography and MR-imaging. There are two questions: does the estimated blood flow correlate with the prognostically important vessel density of the tumour and do vessel density, colour dopplersonography and MRI in general differ in malignant and non-malignant lesions?

Methods: In an actual study contending 100 women with cancer and 100 women with benign lesions of the breast we analysed the tumours additionally by colour doppler and MRM and investigated the angioneogenesis with an immunohistochemical staining method. The quantifying of intratumorous microvessel density has been possible with help of light microscopic analysis of "hot spots" (factor VIII antigen), for colour dopplersonography we need the colour and pulsed-waved dopplersonography and angio-mode (powerdoppler) with broad-band linear scanner (5-10 Mhz) and for MR-imaging we need a bilateral breast coil (Magnetom.Vision) with registration of signal enhancement and distribution of contrast agent (Gadolinium) within very short times.

Results: In case of cancer the micro vessel density ("hot spots") is higher than in case of non-cancer. The number of intratumorous arteries (colour dopplersonography) is although higher in case of cancer following a greater number of tumours with detectable and measurable arteries in case of cancer than in case of non-cancer. Finally the Vmax sys (blood flow) and the RI are in case of cancer higher than in case of non-cancer. The number of vessels with enhancement (MRM) and the initial signal enhancement is higher in case of cancer than in case of non-cancer. But there are no interrelations between both imaging techniques (colour doppler – MRM) recognizable.

Conclusions: Vascularisation is in case of cancer higher than in case of non-cancer, but there is no uniform copy of tumour angioneogenesis. The subjectiv impression seems to be more important than measurable parameters. Because of the different idea of direct in one and indirect vessel imaging in the other case there is no interrelation between both imaging techniques (colour dopplersonography and MRM) recognizable.

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Paget's disease of the Vulva

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Objectives Paget's disease of the vulva is uncommon and changeable. The aim of this report is to clarify the clinicopathologic feature of vulvar Paget's disease and clinical treatment strategies.

Methods In this retrospective study, 5 cases of vulvar Paget's disease were found in 77 of all vulvar neoplasms treated at National Taiwan University Hospital from 1977 to 1995.

Results The median age of occurrence was 67.6 years (range 47-84). The frequent involvements of disease include the labium majus (80%), labium minus (40%), clitoris (20%), and pubic and perineal area (20%). All patients had the symptom of vulvar pruritus. Duration of symptom before diagnosis ranged from 8 months to 5 years (median 35.2 months). In two cases of intraepithelial Paget's disease, one underwent simple vulvectomy and the other underwent intratumoral injection of bleomycin with laser ablation of lesion. In one case with lymph nodes metastasis, wide excision of left vulva, dissection of left inguinal lymph nodes, and radiotherapy were performed. In two cases of advanced disease, mortality occurred within 33 months for extensive metastasis despite intensive chemotherapy.

Conclusions The treatment strategies and prognosis of vulvar Paget's disease depend on the site and extent of involvement.