IS-91 Influence of systematic pelvic lymphadenectomy and bilateral salpingo-oophorectomy on the outcome of patients with early stage endometrial carcinoma

Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Catholic University of Korea, Korea
Hyun Sung Kwack, Eun Young Ji, Tae Chul Park

Objectives: The goal of this study was to evaluate the influence of surgical staging procedure, including systematic pelvic lymphadenectomy and bilateral salpingo-oophorectomy (BSO) on the outcome of early stage endometrial cancer patients. Methods: From 1994 through 2004 in four clinics of the Catholic University, total 349 eligible patients who were proved histologically and thought preoperatively (clinically) to be with FIGO stage I endometrial carcinoma were included. Chi-square and t-test were performed for general statistical analysis. The Kaplan-Meier test and the Cox’s proportional hazard test were applied for survival analysis and logistic regression. A p<0.05 was used as statistically significant. Results: There was no significant difference regarding overall survival (HR = 1.55 [95%CI: 0.58-4.331] ; p = 0.399), disease specific survival (HR = 3.36 [95%CI:1.816-13.826] ; p = 0.093) and disease free survival (HR = 1.26 [95%CI:1.547-2.883] ; p = 0.392) with and without lymphadenectomy. Between BSO group and no BSO group, overall survival (HR = 2.27 [95%CI:3.85-13.350] ; p = 0.366) and disease specific survival (HR = 3.72 [95%CI:284-35.429] ; p = 0.348) showed no significant differences but disease free survival (HR = 3.39 [95%CI:1.041-11.310] ; p = 0.047) was significantly shorter in patients who did not received BSO. Conclusions: The results showed no evidence of benefit in the overall, disease specific and disease-free survival for systemic pelvic lymphadenectomy in women with stage I endometrial cancer. The cancer recurrence was more often in the ovarian preserved patients but overall and disease specific survival showed no significant differences. Further studies with more number of patients are needed to confirm the efficacy of lymphadenectomy and BSO in early stage endometrial cancer.

IS-92 Spontaneous Resolution of Mirror Syndrome Following IUFD of Hydropic Twin

Kate E. Oliver, LT, MC, USN, Kimberly W. Hickey, MAJ, MC, USA, Rita W. Driggers, CDR, MC, USN and Scott M. Petersen, MAJ, MC, USA

Background: Hydrops fetalis traditionally complicates pregnancies with an underlying fetal anemia. Pregnancies with structural or chromosomal abnormalities may likewise be affected. Maternal mirror syndrome is a rare consequence of fetal hydrops of both immune and non-immune etiologies, with fewer than 100 cases previously described in the literature. By convention, delivery in pregnancies complicated by mirror syndrome due to grave fetal prognosis. Case: We describe a case of a 38 year old gravida 2 para 1 who presented at 23+ weeks estimated gestational age with a dichorionic, diamniotic ICSI twin gestation complicated by hydrops fetalis of twin B. Diagnostic amniocentesis and maternal serum screening excluded infectious and chromosomal etiologies while fetal echocardiography revealed an atrioventricular canal malformation as the likely etiology of the hydrops. With worsening fetal hydrops, the patient developed mirror syndrome with maternal anasarca, an elevated 24hr urine total protein, and mild range hypertension. The patient declined selective fetal reduction, opting for conservative management with close follow-up. Two weeks later, intruterine fetal demise of fetus B was diagnosed. Within two weeks of the demise, the patient’s anasarca, hypertension, and proteinuria resolved completely. Conclusions: Mirror syndrome is a rare but serious consequence of pregnancies affected by fetal hydrops of any cause, and this condition can lead to significant maternal and fetal complications. This case illustrates resolution of maternal mirror syndrome with a non-correctable lesion following intruterine demise of the hydropic fetus.

IS-93 IUD Follow-Up: A Prospective Study of Barriers to IUD Placement

Department of Obstetrics and Gynecology, University of Florida Health Science Center, Jacksonville, FL
Campbell Austin

Background: The intrauterine device is an extremely effective method of contraception that is underutilized in the United States. Its high efficacy and low involvement on the part of the patient make it an attractive contraceptive option; however follow up for placement is less than what one would expect. The first aim of this study was to calculate the follow up placement rate of IUDs compared to the number of women who have expressed interest in it. The second goal of this study was to elucidate the causes of failed follow up. Methods: Discharge summaries of postpartum women stating an IUD as their contraceptive choice were compared to patient-reported placement rates to determine the percentage of women who had IUDs placed. A follow up telephone survey was conducted eight weeks after the patient’s scheduled postpartum visit to determine whether she had obtained an IUD and if not, what had prevented placement. Findings: Less than 25% of women who expressed interest in an IUD had had one placed by two months post-partum. Inefficient scheduling was the most common barrier, with the decision to use another form of birth control and delay due to pending gonorrhea and Chlamydia cultures being the second most common problems. Conclusion: Postpartum women who express interest in an IUD often have difficulty obtaining one due to problems within the system.